

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90075 001 ***150.00
 01-19-2000 90075 002 *****8.75

DOCUMENT # 630696

1. Entity Name
MARION & CASS ST. CORP.

Principal Place of Business
% HOTEL MOTEL MANAGEMENT CORP.
3485 N. DESERT DR., #106. BUILDING 2
EAST POINT GA 30344

Mailing Address
% HOTEL MOTEL MANAGEMENT CORP.
3485 N. DESERT DR., #106. BUILDING 2
EAST POINT GA 30339-2044

MAR 27 2



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1950 NORTH PARK PLACE
 Suite, Apt. #, etc.
201

3. Mailing Address
1950 NORTH PARK PLACE
 Suite, Apt. #, etc.
SUITE 201

City & State
ATLANTA, GEORGIA

City & State
ATLANTA, GA 30329

4. FEI Number
59-1937185

Applied For
 Not Applicable

Zip
30329
 Country
USA

Zip
30329
 Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YADO, JESS J. III
4830 WEST KENNEDY BLVD
STE 750 ONE URBAN CENTRE
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
KASSAM, AZIM
 STREET ADDRESS
53 BRIARSCROSS BLVD.
 CITY-ST-ZIP
AGINCOURT ON

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Azim P. Kassam*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-00

Date

770-303-0717

Daytime Phone #

CR2E034 (9/99)