

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006570

FILED
Jan 07, 2002
Secretary of State

Entity Name: HOTELWORKS.COM INC.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 11-3096379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKENS, JOHN F
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARKER, DOUGLAS
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: WILKENS, JOHN
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: PARKER, LEONARD
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ADLER, LOUIS
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ASCH, GEORGE
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BARTLETT, RICHARD
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WILKENS

T

01/07/2002

Electronic Signature of Signing Officer or Director

Date