

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90263 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000739

1. Entity Name

Arlington Hospitality Staffing, Inc.

NIC
FLD
12/14/00
ARM

Principal Place of Business

2355 S. Arlington Hts. Rd.
Suite 400
Arlington Hts., IL 60005

Mailing Address

2355 S. Arlington Hts. Rd
Suite 400
Arlington Hts., IL 60005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3801278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

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, 2001 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 Holtz, Michael P.
STREET ADDRESS 2355 S. Arlington Hts Rd #400
CITY-ST-ZIP Arlington Hts, IL 60005

☐ Delete

TITLE STD
NAME James B. Dale
STREET ADDRESS 2355 S. Arlington Hts Rd #400
CITY-ST-ZIP Arlington Hts., IL 60005

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

CR2E034 (11/00)