

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004789

1. Entity Name
CITY HOTELS U.S.A., INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91569 040 ***150.00

Principal Place of Business

7920 NORFOLK AVE
STE 300
BETHESDA MD 20814

Mailing Address

7920 NORFOLK AVE
STE 300
BETHESDA MD 20814

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 52-1794147

Applied For
Not Applicable

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

CY CORPORATE SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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 P
NAME HERMAN, JERRY H
STREET ADDRESS 7920 NORFOLK AVE, THIRD FL
CITY-ST-ZIP BETHESDA MD 20814 ☐ Delete

TITLE V
NAME HASSON, VICTOR
STREET ADDRESS 13 RUE DE LIVOURNE
CITY-ST-ZIP B-1050 BRUSSELS BELGIUM ☐ Delete

TITLE T
NAME ISRAEL, SALOMONE
STREET ADDRESS 13 RUE DE LIVOURNE
CITY-ST-ZIP B-1050 BRUSSELS BELGIUM ☒ Delete

TITLE V
NAME HASSON, ALBERT
STREET ADDRESS 3-B RUE GINESTE
CITY-ST-ZIP B-1210 BRUSSELS BELGIUM ☐ Delete

TITLE S
NAME TEPLIN, MICHAEL
STREET ADDRESS 7920 NORFOLK AVE 3RD
CITY-ST-ZIP BETHESDA MD 20814 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE CO-CHAIRMAN OF THE BOARD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DANIEL E. BERRY
NAME 7920 NORFOLK AVE
STREET ADDRESS BETHESDA MD 20814 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SUSAN M. NOVAKOVICH
STREET ADDRESS 7920 NORFOLK AVE
CITY-ST-ZIP BETHESDA MD 20814 ☐ Change ☒ Addition

TITLE P
NAME STEPHEN A. MOORE
STREET ADDRESS 7920 NORFOLK AVE
CITY-ST-ZIP BETHESDA MD 20814 ☐ 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 #

CR2E034 (10/00)