

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90191 031 ***158.75

DOCUMENT # F99000004228

1. Entity Name

A.B. HOTELS, INC.

Principal Place of Business

Mailing Address

**8536 W HWY 192
 KISSIMMEE FL 34747**

**8536 W HWY 192
 KISSIMMEE FL 34747**

2. Principal Place of Business

8536 W HWY 192

3. Mailing Address

8536 W HWY 192

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FL

Zip

34747

Country
USA

Zip

34747

Country

4. FEI Number

43-1713532

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

**SHAH, ANUP
 8536 W HWY 192
 KISSIMMEE FL 34747**

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 ☐ Delete
 NAME **PCD**
 STREET ADDRESS **SHAH, ANUP**
 CITY-ST-ZIP **720 CELEBRATION AVE., APT. 260
 CELEBRATION FL 34747**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **SHAH, HITTA**
 CITY-ST-ZIP **720 CELEBRATION AVE., APT. 260
 CELEBRATION FL 34747**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

ANUP SHAH PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/01

Daytime Phone #

407-396-1600

CR2E034 (10/00)