

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90135 031 ***150.00

0370307 AV

DOCUMENT # H22486

1. Entity Name
HOSPITALITY CONSULTANTS REALTY SERVICES, INC.

Principal Place of Business

% ROBERT N. GOLDSTEIN

~~2650 N MILITARY TR STE 125~~ **614B BANYAN TRAIL**
 BOCA RATON FL 33431

US

Mailing Address

% ROBERT N. GOLDSTEIN

~~2650 N MILITARY TR STE 125~~ **614B BANYAN TRAIL**
 BOCA RATON FL 33431

US

80061010



2. Principal Place of Business

614B BANYAN TRAIL

Suite, Apt. #, etc.

3. Mailing Address

614B BANYAN TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

33431

Country

City & State

BOCA RATON, FL

33431

Country

4. FEI Number

59-2463405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, ROBERT N.

~~2650 N MILITARY TR STE 125~~ **614B BANYAN TRAIL**

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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.

ROBERT N. GOLDSTEIN

(NOTE: Registered Agent signature required when reinstating)

4/5/02

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **GOLDSTEIN, ROBERT N.**
 STREET ADDRESS **2650 N MILITARY TR STE 125** **614B BANYAN TRAIL**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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:

ROBERT N. GOLDSTEIN

4/5/02

561-997-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)