## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **H75790** Apr 13, 2000 8:00 am Secretary of State HOTEL CONCEPTS IN CONSTRUCTION, INC. 04-13-2000 90103 044 \*\*\*150.00 Principal Place of Business Mailing Address 5311 SW 88TH TERR 5311 SW 88TH TERR COOPER CITY FL 33328-5108 COOPER CITY FL 33328 2. Principal Place of Business 3. Mailing Address N.E. 123 Street Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2610096 *borth* Not Applicable \$8.75 Additional 5. Certificate of Status Desired 161 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERCER, DEBORAH L Street Address (P.O. Box Number is Not Acceptable) 5311 SW 88TH TERR N.E. 123 Street COOPER CITY FL 33328 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Addition TITLE TITLE MERCER, RICKERT A. NAME NAME STREET ADDRESS 5311 SW 88TH TERR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COOPER CITY FL Change Addition ☐ Delete TITLE MERCER, DEBORAH L. NAME NAME STREET ADDRESS **5311 SW 88TH TERR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

Davtime Phone /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR