

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90043 004 ***150.00

DOCUMENT # J 24664

1. Entity Name
 LEISURE MOTEL INC D/B/A DELUXE INN
 1223 NG 1ST AV US1
 FLORIDA CITY FL 33034

Principal Place of Business Mailing Address
 28465 S. DIXIE HWY 1223 NG 1ST AV US1
 HOMESTEAD FLORIDA CITY
 FL 33030 FL 33034

2. Principal Place of Business
 28465 S. DIXIE HWY MM.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 HOMESTEAD FL

City & State

Zip
 33030

Country

Zip

Country

4. FEI Number 59-2727725

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

Name PATEL DAYABHAI A

Street Address (P.O. Box Number is Not Acceptable)
 1223 NG 1ST AV. U.S. 1

FLORIDA CITY

City

FL

Zip Code
 33034

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FGB 6 2001

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 PRESIDENT. ☐ Delete
 NAME PATEL DAYABHAI A
 STREET ADDRESS 1223 NG 1ST AV US1
 CITY-ST-ZIP FL CITY FL 33034

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

TITLE SECRETARY ☐ Delete
 NAME PATEL ILAKUMARI D
 STREET ADDRESS 1223 NG 1ST AV US1
 CITY-ST-ZIP FL CITY FL 33034

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:

[Signature] PATEL DAYABHAI A.

2/6/2001

305 247 6621.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)