

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90492 044 \*\*\*150.00

553857

DO NOT WRITE IN THIS SPACE

DOCUMENT # J 51209

1. Entity Name

H.R.S HOTELS CORPORATION

Principal Place of Business

Mailing Address

4150 KINGS STREET

4150 KING ST  
COCOA FLORIDA

COCOA, FLORIDA FL32926 1L32926-4166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-275-1622

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHHABRA KRISHAN CHAND  
4150 KING STREET  
COCOA, FL 32926

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.

(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!!**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
CHHABRA KRISHAN CHAND  
4150 W. KING STREET  
COCOA, FL 32926

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANJALI CHHABRA  
4150 W. KING STREET  
COCOA FL 32926

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. I have signed this report, or 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

KRISHAN CHAND CHHABRA

Date

5/20/01

Daytime Phone #

321-632-5721

CR2E034 (11/00)