## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # J51209

1. Entity Name

H.R.S. HOTELS CORPORATION

Principal Place of Business 4150 KINGS STREET COCOA FLORIDA FL 32926  2. Principal Place of Business			Mailing Address 4150 KINGS STREET COCOA FLORIDA FL 32926  3. Mailing Address								
										BIBII GIBII BIBI	B
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-2751622 Applied Fo				pplied For
Zip Country			Zip Cou			itry 5. C		f Status Desired	d 🗍	<b>\$8.75</b> Ad	Iditional
6. Name and Address of Current I			Registered Agent			7. Name and Address of New Registered Agent					
			<del></del>		Name						
KRISHAN CH				Street Address (P.O. Box Number is Not Acceptable)							
ig street	5,050,7,05,70						<del></del>				
32926											
				City	FL Zip Code						
		the purpo:	se of changing its	registere	d office or req	gistered ag	ent, or both,	in the State of	Florida. I an	n familiar with,	and accept
ignature, typed or prin	nted name of registered agent a	nd title if applic	able. (NOTE	E: Registered	Agent signature re	equired when re	instating)		DATE		
May 1, 2003 F	ee will be \$550.00	State	-						-	\$5.0 Adde	OO May Be d to Fees
			<u> </u>	11		ΔΓ	DITIONS/C	HANGES TO C	DEFICERS AN	ID DIRECTOR	S IN 11
4150 W KING	RISHAN CHAND ST	JINECTOR	☐ Delete	TITLE NAME STREE		AU	<u>BITTON 37 G</u>	TANGES TO C	IT ICENS AN	☐ Change	☐ Addition
D Anjali, CHH/ 4150 King St	ABRA FREET		Delete	STREE					· · · · ·	Change	Addition
			☐ Delete	STREE						☐ Change	☐ Addition
			☐ Delete		1					☐ Change	☐ Addition
			☐ Delete							Change	☐ Addition
			☐ Delete	TITLE NAME	ADDRESS					☐ Change	Addition
	6. Name and KRISHAN CH IG STREET 32926  amed entity sut ns of registered gnature, typed or prin E-NOW!!! F May 1, 2003 F Payable to Fic DPS CHHABRA, KF 1150 W KING COCOA FL 32 D ANJALI, CHHA	Country  6. Name and Address of Current I  KRISHAN CHAND  IG STREET  32926  amed entity submits this statement for ns of registered agent.  Ignature, typed or printed name of registered agent a gent agent of the statement of th	City 8  Country  Country  Zip  6. Name and Address of Current Registered  KRISHAN CHAND  IG STREET  32926  amed entity submits this statement for the purpons of registered agent.  Ignature, typed or printed name of registered agent and title if applic  E-NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTOR  DPS  CHHABRA, KRISHAN CHAND  #150 W KING ST  COCOA FL 32926  D  ANJALI, CHHABRA  #150 KING STREET	City & State  Country  Zip  6. Name and Address of Current Registered Agent  KRISHAN CHAND  IG STREET  32926  amed entity submits this statement for the purpose of changing its ns of registered agent.  (NOT)  IGNALUTE, typed or printed name of registered agent and title if applicable.  (NOT)  IE.NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  DPS  CHHABRA, KRISHAN CHAND  1150 W KING ST  COCOA FL 32926  Delete  Delete  Delete  Delete	City & State  Country  Zip  Country  6. Name and Address of Current Registered Agent  KRISHAN CHAND  IG STREET  32926  amed entity submits this statement for the purpose of changing its registered agent.  Ignature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered agent agent and tide if applicable.)  E.NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  Delete  TITLE  NAME  A150 KING ST  COCOA FL 32926  Delete  TITLE  NAME  STREET  COCOA FL 32926  Delete  TITLE  NAME  STREET  CITY-S  Delete	City & State    Country   Zip   Country	City & State  Country  Zip  Country  5. 6  Name and Address of Current Registered Agent  Name  Name  Street Address (P.O. B  Street Address (P.O. B  Street Address (P.O. B  City  amed entity submits this statement for the purpose of changing its registered office or registered agent of registered agent.  (NOTE: Registered Agent signature required when received agent signature required when received agent of registered Agent agent and title if applicable.  E-NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida pepartment of State  OPS  OFFICERS AND DIRECTORS  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  DELETE  TITLE  DELETE  TITLE  TITLE	City & State  Country  Country  Country  Country  Country  Country  5. Certificate o  Name Name Street Address of Current Registered Agent  Name Street Address (P.O. Box Number)  G STREET  32926.  City  amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, ns of registered agent.  (NOTE: Registered Agent signature required when renatating)  E-NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Rayable to Florida   Department of State  OFFICERS AND DIRECTORS  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete	City & State  City & State  Country  Country  Country  Zip  Country  5. Certificate of Status Desire  6. Name and Address of Current Registered Agent  7. Name and Address of New Name  KRISHAN CHAND  IG STREET  32926  City  amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of nis of registered agent.  (NOTE. Registered Agent suprature required when retriating)  E-NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  Delete  ITTLE  NAME  STREET ADDRESS  CITY-51-2IP  Delete	City & State  Country  City  Fi  Country  Fi  Country  City  Fi  Country  Fi  Country  City  Fi  Country  F	City & State  Country  Country  Zip  Country  S. Certificate of Status Desired  Ser. Fak.  Ser. Fak.  Respective Agent  Name  Street Address of Current Registered Agent  Name  Name  KRISHAN CHAND  IG STREET  32926  City  FL  Zip  C

12. 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 trustge-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. CHHABRA SIGNATURE:

(321/632-572)

**FILED** 

05-02-2003 90718 039 \*\*\*150.00

May 02, 2003 8:00 am g Secretary of State