

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

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90059 050 ***150.00

DOCUMENT # K29306

1. Entity Name

HOSPITALITY DESIGN CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5211 N.W. 33rd. Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33309

Country

U.S.A.

Zip

Country

4. FEI Number

59 - 290-5656

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOEL MIRON

Street Address (P.O. Box Number is Not Acceptable)

333 Sunset Dr, # 207

City Fort Lauderdale

FL

Zip Code 33301

**DO NOT WRITE
IN THIS SPACE**

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  **JOEL MIRON - PRESIDENT** **02/08/2002**

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)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME JOEL MIRON
STREET ADDRESS 333 Sunset Dr. # 207
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER
NAME MARSHA MIRON
STREET ADDRESS 333 Sunset Dr. # 207
CITY-ST-ZIP Fort Lauderdale, FL 33301

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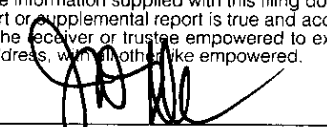
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IN THIS SPACE**

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 on an attachment with an address, with authority empowered.

SIGNATURE:  **JOEL MIRON - PRESIDENT** **02/08/02 (954)733-5366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)