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

FILED Feb 21, 2002 8:00 am

DOCUMENT # K29306					Secretary of State 02-21-2002 90059 050 ***150.00	
HOSP	PITALITY DESIGN CO	NSULTANTS, IN	C.			
	DO NOT WRITE	IN THIS SI	PACE	,		•
	Place of Business	3. Mailing Address			•	
		SAME				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE.	
City & Sta	ate	City & State		1	4. FEI Number	X Applied For
Fort L	auderdale, Florida			1	59 - 290-5656	Not Applicable
Zip	Country U.S.A.	Zip	Country	;		\$8.75 Additional Fee Required
					Name and Address of Current Reg	gistered Agent
DO NOT MIDITE			Name	Name JOEL MIRON		
والمنافعة والمتحادث والمتحادث والمتحادث	DO NOT W	KILE	Street	Address (P.C	. Box Number is Not Acceptable)	
	IN THIS SP	ACE	333	Sunse	t Dr, # 207	
			City		auderdale	FL Zip Code 33301
8. The above	e named entity submits his statement for	the purpose of changing its				
SIGNATURE	Signature specifor printed name of registered agent a	JOEL MIR				08/2002
	oration is eligible to satisfy its Intangible	January 1 - M	ay 1 Fee is \$1	50.00		DATE CE OO
Tax filing	7	January 1 - M After May	ay 1 Fee is \$1 1, Fee is \$550. I UBR is \$61.2	50.00 00 5	10. Election Campaign Financi Trust Fund Contribution.	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. eria on back) OFFICERS AND I	January 1 - M After May Amended Make Check Payab	ay 1 Fee is \$1 1, Fee is \$550. I UBR is \$61.2	50.00 00 5	10. Election Campaign Financi	ing \$5.00 May Be
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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 fectiver 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 Rother two empowered.

SIGNATURE:

JOEL MIRON - PRESIDENT RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/02 (954)733-5366

Daytime Phone #