2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K49273 Mar 30, 2000 8:00 am **Secretary of State** LEPINE HOTEL & RESORTS MANAGEMENT, INC. 03-30-2000 90063 023 ***150.00 Principal Place of Business Mailing Address 6466 NW 5 WAY 6466 NW 5 WAY FT LAUDERDALE FL 33309-6112 6434 NW 5 WAY FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0086600 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHN PASSARIELLO Street Address (P.O. Box Number is Not Acceptable) 6466 NW 5 WAY FORT LAUDERDALE FL 33309 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ... D TITLE Addition TITLE Delete LEPINE, MAURICE NAME NAME STREET ADDRESS STREET ADDRESS 8703 CLEARY BLVD. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 51 Change Addition TITLE ☐ Delete TITI F LEPINE, SHIRLEY NAMÉ NAME 1115 NW 111 Th Ave Plant Ation, Fr 33322 STREET ADDRESS STREET ADDRESS 8703 CLEARY BLVD. CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete TITLE TITLE LEPINE, DAVID NAME NAME PLANTATION, FL 33322 STREET ADDRESS STREET ADDRESS 8703 CLEARY BLVD. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE TITLE Delete NAME 1115 NW III TO AVE PLANT AHON, E 33332 NAME LEPINE, MARK STREET ADDRESS STREET ADDRESS 8703 CLEARY BLVD. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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: MAURICE LEPINE PINE 3-23-00 954 236 3544

SIGNATURE: Date Dayume Phone #

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