FORPROFITCORPORATION
UNIFORMBUSINESSREPORT(UBR)

DOCUMENT# K52820

1. EntityName

Microtel International Inc

FILED

03 JUN 30 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200021165102
07/10/03--01064--025 **70.00

DONOTWRITEINTHISSPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
1602 NW 84th Ave	1602 NW 84th Ave
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State: Miami FL	City&State: Miami FL
Zip: 33126 Country	Zip: 33126 Country

4. FEINumber: 65-0088495 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent

Name: Alfonso Jorge

StreetAddress (P.O.BoxNumberisNotAcceptable): 1602 NW 84th Ave

City: Miami FL ZipCode: 33126

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE: VPG

Signature,typedorprintednameofregisteredagent,andtitleifapplicable (NOTE RegisteredAgentSignaturerequiredwhenre instating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	Alfonso Jorge
STREETADDRESS	1602 NW 84th Ave
CITY-ST-ZIP	Miami FL 33126
TITLE	VPE
NAME	Alfonso Jorge Luis
STREETADDRESS	1602 NW 84th Ave
CITY-ST-ZIP	Miami FL 33126
TITLE	VPO
NAME	Alfonso Maria
STREETADDRESS	1602 NW 84th Ave
CITY-ST-ZIP	Miami FL 33126
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

CR2E034B (12/02)

12. Ihereby 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#