

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

DOCUMENT# K52820	
1. Entity Name Microtel International Inc	

FILED

03 JUN 30 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1602 NW 84th Ave	3. Mailing Address 1602 NW 84th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33126	Zip 33126
Country	Country

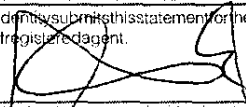
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07/10/03--01064--025 **70.00

DO NOT WRITE IN THIS SPACE

4. FEIN Number 65-0088495	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 Alfonso Jorge	
	Street Address (P.O. Box Number is Not Acceptable) 1602 NW 84th Ave	
	City Miami	FL Zip Code 33126

8. The above named filer is submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **UPG** (NOTE: Registered Agent's signature required here) 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. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PD	Alfonso Jorge		
STREET ADDRESS	1602 NW 84th Ave	STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33126	CITY - ST - ZIP	
VPE	Alfonso Jorge Luis		
STREET ADDRESS	1602 NW 84th Ave	STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33126	CITY - ST - ZIP	
VPO	Alfonso Maria		
STREET ADDRESS	1602 NW 84th Ave	STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33126	CITY - ST - ZIP	
		DO NOT WRITE IN THIS SPACE	

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 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 full power to keep powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)