## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # <b>M98</b> 0	00000458		,		APPROVED	)	
1. Entity Name  LAT. HOTEL CONSULT & MANAGEMENT LLC					AND			
LAI. HUI	TEL CONSULT & MANAGE	EIVIENT LLC			00 A	IPR 21 AMII:		
Principal Plac	ce of Business	Mailing Address			SECT	" " E   AM   :	34	
3708 EXECUTIVE DRIVE 3708 EXECUTIVE DRIVE					TALLA	RETARY OF STA CHASSEE, FLOI	ATE.	
PALM HARBO	PR FL 34685	PALM HARBOR FL 34685	5-1019	, A		ایا ساز ایا ساز در میرانی و میگاسات سازی استان	AUA	
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2. Principal P 27525	Place of Business  HIALEAN UNY	3. Mailing Address				ire ielel ibili gelli eëlil belli	i Bătii aniit aniit ai	BB) 61187 1814 1841
Suite, Apt.	#; etc.	Suite, Apt. #, etc.			MNM	DO NOT WRITE IN	THIS SPACE	
City & Stat	te 🚄	City & State			4. FEI Number	NOT APPLICAB	iF -	Applied For
Zip ·	Country	Zip	Country	· ·	5. Certificate of	1	\$5.00	
<u> </u>	6. Name and Address of Curren	nt Registered Agent				ddress of New Registe	Fee Requered Agent	ired
	o. Table and Addicas of Guile.	nt riegist <u>eree Agent</u>	N	lame	77 (100)110 001			
CORPORATION SERVICE COMPANY			Si	Street Address (P.O. Box Number is Not Acceptable)				
	's street Ssee FL 32301		-				<del></del>	
			C	City			FL Zip C	ode
•	e named entity submits this statement	·		ont signature required		4-11	/_ 00 DATE	
8. The above	man him	ent and title if applicable. (NOT	TE: Registered Age	ent signature required	when reinstating)	4-11		
SIGNATURE .	Signature, typed or printed name of registered age	FILE N Make Check Pa	NTE: Registered Age NOW!!! FEE Payable to Day	ent signature required	when reinstating)	4-11	NGES	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	OTE: Registered Ages  IOW!!! FEE Payable to De	ent signature required	when reinstating)	4-11	DATE	e Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER