2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003887

1. Entity Name

SOUTH FLORIDA HOSPITALITY HUMAN RESOURCES ASSOCI

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90442 033 ****70.00

Principal Place of Business	Mailing Address
4148 WEST 12TH AVENUE HIALEAH FL 33012	4148 WEST 12TH AVENUE HIALEAH FL 33012-4107

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
691 Brickell Key Dr Suite, Apt. #, etc.	691 Brickell Key Dr Suite, Apt. #, etc.
City & State, Miami. Fl	City & State, Miami Fl
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 65-0777315 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMONT & NEIMAN, PA SUITE 3550 - ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	YD SANTISTEBAN, VIVIANA ~~350 OCEAN DRIVE~~ ~~KEY BISCAYNE FL 33149~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 691 Brickell Key Drive Miami, Fl 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~ASENSIO, LISSETTE~~ ~~180 ARAGON AVENUE~~ ~~CORAL GABLES FL 33134~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HYMAN, FREYDA 4148 WEST 12TH AVENUE HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~MARGULIES, LYNN~~ ~~1 S.E. 3RD AVENUE #2300~~ MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CASTELLANO, MARITZA 3000 FLORIDA AVE. MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Gus DeLeon P.O. Box 997510 Miami. Fl 33299

CR2E037 (9/99)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Viviana Santisteban 5/1/00 (305) 373-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #