

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90194 004 ***150.00

0108445 AV

DOCUMENT # P00000001032

1. Entity Name
SUN VISTA HOTELS, INC.



Principal Place of Business
2601 MCCOY ROAD
ORLANDO FL 32809

Mailing Address
2601 MCCOY ROAD
ORLANDO FL 32809

11015297



2. Principal Place of Business
235 SOUTH WYMORE RD
Suite, Apt. #, etc.

3. Mailing Address
235 SOUTH WYMORE RD.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ALTAMONTE SPRINGS, FL
Zip
32714
Country
USA.

City & State
ALTAMONTE SPRINGS, FL
Zip
32714
Country
USA.

4. FEI Number
59-3620561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, KALAVATI N
2601 MCCOY ROAD
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name
ALPESH N. KHUSHAL

Street Address (P.O. Box Number is Not Acceptable)
235 SOUTH WYMORE ROAD

City ALTAMONTE SPRINGS FL Zip Code 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ALPESH N. KHUSHAL, VICE PRES. DATE 4/20/03.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	PATEL, KALAVATI N	
STREET ADDRESS	2601 MCCOY RD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KHUSHAL, ALPESH N	
STREET ADDRESS	2601 MCOM RD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	235 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714.	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	235 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03. 407-662-2800
Date Daytime Phone #

CR2E034 (10/02)