

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90103 033 ***150.00

DOCUMENT # *P00.0000 10124*

1. Entity Name
INTERNATIONAL HOSPITALITY TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/O JAIME BEHAR CPA</i>		3. Mailing Address <i>C/O JAIME BEHAR CPA</i>	
Suite, Apt. #, etc. <i>16375 NE 18 AVE #205</i>		Suite, Apt. #, etc. <i>16375 NE 18 AVE #205</i>	
City & State <i>NORTH MIAMI BEACH FL</i>		City & State <i>NORTH MIAMI BEACH FL</i>	
Zip <i>33162</i>	Country <i>USA</i>	Zip <i>33162</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0981578</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>EMILIO ADATTO</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>8452 NW 61 ST</i>	
City <i>MIAMI</i>	FL Zip Code <i>33166</i>

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>P/S/T MANUEL ARDILA C/O ADATTO, 8452 NW 61 ST MIAMI FL 33166</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

MANUEL ARDILA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

305-940-0303

CR2E034B (12/01)