

P00000053674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700155927707

05/27/09--01030--019 \*\*35.00

FILED  
2009 JUN 15 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

6/17/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** US Hospitality of Tampa Bay, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 0000000536741

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Carolicamo  
Name of Contact Person

US Hospitality of Tampa Bay, Inc.  
Firm/Company

3605 W. Hillsborough Avenue  
Address

Tampa FL 33614  
City/State and Zip Code

DeReu@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Carolicamo at (813) 810-7760  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2009

AMY CADICAMO  
U.S. HOSPITALITY OF TAMPA BAY, INC.  
3605 W HILLSBOROUGH AVE  
TAMPA, FL 33614

SUBJECT: U.S. HOSPITALITY OF TAMPA BAY, INC.  
Ref. Number: P00000053674

We have received your document for U.S. HOSPITALITY OF TAMPA BAY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 609A00018148

RECEIVED

2009 JUN 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: U.S. Hospitality of Tampa Bay, Inc.  
2. The principal office address: 3605 W. Hillsborough Avenue  
Tampa, FL 33614  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 6/2/2000 Document number: 000000053674  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Amy Cadicamo (resigned)  
13901 Seaforth Manor Way  
Tampa, FL 33613

FILED  
2009 JUN 15 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Noel Pineda (Registered Agent) Mar  
3605 W. Hillsborough Avenue  
P.O. Box NOT acceptable  
Tampa, FL 33614

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Amy Cadicamo Resigned  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Noel Pineda  
Signature of Registered Agent

6/10/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)