

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90131 023 ***150.00

UBR/313

DOCUMENT # P00000053700

1. Entity Name
SUPERTEL FRANCHISE CORP.

Principal Place of Business 7800 SOUTHLAND BLVD. SUITE 102 ORLANDO FL 32809	Mailing Address 7800 SOUTHLAND BLVD. SUITE 102 ORLANDO FL 32809
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2. Principal Place of Business 501 N. ORLANDO AVE Suite, Apt. #, etc. SUITE 141	3. Mailing Address 501 N. ORLANDO AVE Suite, Apt. #, etc. SUITE 141
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City & State WINTER PARK, FL	City & State WINTER PARK, FL	4. FEI Number 59-3646133	Applied For Not Applicable
Zip 32789	Country ORANGE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEE, MYONG K
7800 SOUTHLAND BLVD, SUITE 102
ORLANDO FL 32809

7. Name and Address of New Registered Agent
 Name **JAKE LEE**
 Street Address (P.O. Box Number is Not Acceptable)
501 N. ORLANDO AVE SUITE 141
 City **WINTER PARK** FL Zip Code **32789**

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]* **PRESIDENT** DATE **1-16-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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	PD LEE, MYONG K 1832 BAILLIE GLASS LANE ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZELL, MICHAEL J 5560 METROWEST BLVD #206 ORLANDO FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGA, LUIS F 2375 WHISPERING MAPLE DR ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAKE LEE 7717 APPLE TREE CIRCLE ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JAKE LEE** DATE **1-16-01** DAYTIME PHONE # **407-629-8444**

CR2E034 (10/00)