

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90065 012 ***150.00

DOCUMENT # P00000056634

1. Entity Name
HOSPITALITY ATM CORP.

Principal Place of Business

13876 SW 56TH ST #162
 MIAMI FL 33175

Mailing Address

13876 SW 56TH ST #162
 MIAMI FL 33175

2. Principal Place of Business

P.O. Box 692206

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 692206

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

City & State

Orlando, FL

Zip

32819

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRUZ, PETER
13876 SW 56TH ST #162
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name **MARK CRUZ Scott Allen**

Street Address (P.O. Box Number is Not Acceptable)

5108 Lobo Ct.

City

Orlando

FL

Zip Code

32819

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

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

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 **PSTD** ☒ Delete
 NAME **CRUZ, PETER**
 STREET ADDRESS **13876 SW 56TH ST #162**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **Scott Allen**
 STREET ADDRESS **5108 Lobo Ct, Orlando, FL**
 CITY-ST-ZIP **32819**

TITLE **MARK CRUZ V.P.** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **P.O. Box 692206**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

MARK CRUZ V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.29.01 407.402 2322

CR2E034 (10/00)