

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90163 015 ***150.00

DOCUMENT # P00000090782

1. Entity Name
EAGLE HOSPITALITY INC.

Principal Place of Business

7035 TALBOT DRIVE
 ORLANDO FL 32819

Mailing Address

7035 TALBOT DRIVE
 ORLANDO FL 32819

00045786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4364 SOUTH KIRKMAN RD
 Suite, Apt. #, etc.
 APT 309

3. Mailing Address

4364 SOUTH KIRKMAN RD
 Suite, Apt. #, etc.
 APT 309

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

593670870

Applied For

Not Applicable

Zip

32811

Country

U.S.A

Zip

32811

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'AVILA, THIAGO
 7035 TALBOT DRIVE
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name **D'AVILA THIAGO**
 Street Address (P.O. Box Number is Not Acceptable)
 4364 SOUTH KIRKMAN RD APT 309
 City **ORLANDO** FL Zip Code **32811**

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 **THIAGO D'AVILA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03.15.01

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 NAME STREET ADDRESS CITY-ST-ZIP	P VEIGA ADRIENNE 7035 TALBOT DRIVE ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'AVILA, THIAGO 7035 TALBOT DRIVE ORLANDO FL 32819	<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
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	P D'AVILA THIAGO 4364 SOUTH KIRKMAN 309 ORLANDO FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EMANUEL VEIGA 4364 SOUTH KIRKMAN RD 309 ORLANDO FL 32811	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.15.01 407-247-3635

Date

Daytime Phone #

CR2E034 (10/00)