

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90147 003 ***150.00

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DOCUMENT # P00000090782

1. Entity Name
EAGLE HOSPITALITY INC.



Principal Place of Business
**4364 SOUTH KIRKMAN RD APT 309
ORLANDO FL 32811**

Mailing Address
**4364 SOUTH KIRKMAN RD APT 309
ORLANDO FL 32811**



2. Principal Place of Business

4348 SOUTH KIRKMAN RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 806

City & State

City & State

ORLANDO FL

Zip
32811

Country
U.S.A.

Zip

Country

4. FEI Number
59-3670870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D'AVILA, THIAGO
4364 SOUTH KIRKMAN RD APT 309
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name
JANAINA N. BORGES

Street Address (P.O. Box Number is Not Acceptable)
4348 SOUTH KIRKMAN RD STE 806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JANAINA N. BORGES X** *JNBorges*

4.15.2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete
NAME **VEIGA EMANUEL**
STREET ADDRESS **4364 SOUTH KIRKMAN RD 309**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **PS** ☐ Delete
NAME **JANAINA N. BORGES**
STREET ADDRESS **4348 SOUTH KIRKMAN RD 806**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.2003 303-5533

Date

Daytime Phone #

CR2E034 (10/02)