

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000093019

FILED
Jan 22, 2002 8:00 AM
Secretary of State

Entity Name: HOSPITALITY MANAGEMENT CORPORATE SERVICES, INC.

Current Principal Place of Business:

265 SW PORT ST LUCIE BLVD., SUITE 126
PORT ST LUCIE, FL 34984

New Principal Place of Business:

265 SW PORT ST LUCIE BLVD.,
126
PORT ST LUCIE, FL 34984

Current Mailing Address:

P O BOX 32847
PALM BEACH GARDENS, FL 33420

New Mailing Address:

265 SW PORT SAINT LUCIE BLVD.,
126
PORT ST LUCIE, FL 34984

FEI Number: 65-1054048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KASPAREK, ALES
265 SW PORT ST LUCIE BLVD., SUITE 126
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

KASPAREK, ALES
265 SW PORT ST LUCIE BLVD.,
126
PORT ST LUCIE, FL 34984 US

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: ALES KASPAREK

01/22/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KASPAREK, ALES
Address: 570 NW TWYLITE TERRACE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALES KASPAREK

D

01/22/2002

Electronic Signature of Signing Officer or Director

Date