2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 12, 2001 8:00 am Secretary of State -DOCUMENT # P00000107818 INTERSTATE HOSPITALITY SERVICES, INC. 05-12-2001 90054 016 ***150.00 Principal Place of Business Mailing Address % JEFFREY A. NADEL % JEFFREY A. NADEL 6540 NORTHWEST 40TH COURT 6540 NORTHWEST 40TH COURT UUU49885 BOCA RATON FL 33496 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 317 S.E. 1STAVENUE City & State City & State 4. FEI Number Applied For 65-1055 786 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JETTREYSA NADEL SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. TETREY A. NADEL, PRESIDENT OF INTERSTATE HOSPITALITY SERVICES INC. PRESIDENT OF INTERSTATE HOSPITALITY SERVICES, INC. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME NADEL. JEFFREY A STREET ADDRESS STREET ADDRESS 6540 NORTHWEST 40TH COURT CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496 VSTD ☐ Delete TITLE Change ☐ Addition VSTD FEIG, GARRETT A. 121 S.E. 4TH STREET NAME NAME FEIG, GARRETT A STREET ADDRESS STREET ADDRESS 6540 NORTHWEST 40TH COURT CITY-ST-ZIP CITY-ST-ZIP HALLANDALE BEACH , FL **BOCA RATON FL 33496** TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. like empowered 19 L, PRESIDENT