

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
 02-24-2002 90078 028 ***150.00

0207205 AV

DOCUMENT # P00000109633

1. Entity Name

FORT LAUDERDALE HOSTEL, INC.

Principal Place of Business

**2115 N. OCEAN BLVD.
 FORT LAUDERDALE FL 33305**

Mailing Address

**2115 N. OCEAN BLVD.
 FORT LAUDERDALE FL 33305**



2. Principal Place of Business

3. Mailing Address

2115 N. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

fort lauderdale fl

City & State

Zip

33316

Country

florida

Zip

Country

Country

4. FEI Number

65-1057486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNITZER, GERALD S.
 2115 N. OCEAN BLVD.
 FORT LAUDERDALE FL 33305**

Name

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

City

FL

Zip Code

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CREAMER, FLOYD**
 CITY-ST-ZIP **2115 N. OCEAN BLVD.
 FORT LAUDERDALE FL 33305**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CREAMER, SUSANNA**
 CITY-ST-ZIP **2115 N. OCEAN BLVD.
 FORT LAUDERDALE FL 33305**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

SUSANNA CREAMER TREAS.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSANNA CREAMER TREAS.

Date

Daytime Phone #

954 462-0631

CR2E034 (9/01)