

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90168 013 ***150.00

DOCUMENT # P00000109633

1. Entity Name
FORT LAUDERDALE HOSTEL, INC.



Principal Place of Business
2115 N. OCEAN BLVD.
FORT LAUDERDALE FL 33316
US

Mailing Address
2115 N. OCEAN BLVD.
FORT LAUDERDALE FL 33316
US

2. Principal Place of Business

1000 S.E. 4th Street

3. Mailing Address

1000 S.E. 4th Street

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale

Zip

33301

Country

USA

Zip

33301

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE D ☐ Delete
NAME CREAMER, SUSANNA
STREET ADDRESS 2115 N. OCEAN BLVD.
CITY-ST-ZIP 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

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)