## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P00000113413 1. Entity Name HOTELS4AUCTION, INC. 4-23-2001 90157 023 \*\*\*150.00 Mailing Address Principal Place of Business 19480 EAST COUNTRY CLUB DRIVE 19480 EAST COUNTRY CLUB DRIVE MIAMI FL 33180-4825 MIAMI FL 33180-4825 UNDSTOLO 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1061644 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILROY, ROSS W Street Address (P.O. Box Number is Not Acceptable) 19480 EAST COUNTRY CLUB DRIVE MIAMI FL 33180-4825 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME GLASSNAK, JOHN STREET ADDRESS STREET ADDRESS 30375 PLYMOUTH ROAD #101 CITY-ST-ZIP CITY-ST-ZIP LIVONIA MI 48150 ☐ Addition ☐ Change ☐ Delete TITLE THIE NAME NAME MILROY, ROSS W STREET ADDRESS STREET ADDRESS 19480 EAST COUNTRY CLUB DRIVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33180-4825 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ■ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TMilian.

SIGNATURE AND T

ZOSS MILROY

4/10/01

305-466-2230

Daytime Phone #