

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90078 016 ***150.00

DOCUMENT # P01000015873

1. Entity Name
HISTORIC GUEST HOMES INTERNATIONAL, INC.

Principal Place of Business
EATON STREET PROF. CENTER
524 EATON STREET, SUITE 110
KEY WEST FL 33040

Mailing Address
EATON STREET PROF. CENTER
524 EATON STREET, SUITE 110
KEY WEST FL 33040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
621 EATON STREET

3. Mailing Address
621 EATON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY WEST FL

KEY WEST, FL

Zip

Country

Zip

Country

33040

USA

33040

USA

4. FEI Number

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

MARGALLI, ANDREA SHAYE
EATON STREET PROF. CENTER
524 EATON STREET, SUITE 110
KEY WEST FL 33040

Name **ANDREA SHAYE MARGALLI**

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

621 EATON STREET

City **KEY WEST,**

FL

Zip Code **33040**

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 **PD** ☐ Delete
 NAME **MARGALLI, ANDREA SHAYE**
 STREET ADDRESS **EATON ST. PROF. CNTR., 524 EATON ST. #110**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **President** ☒ Change ☐ Addition
 NAME **Andrea Shaye Mangalli**
 STREET ADDRESS **621 Eaton Street**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **VD** ☐ Delete
 NAME **MARGALLI, JIULIO F**
 STREET ADDRESS **EATON ST. PROF. CNTR., 524 EATON ST. #110**
 CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 (305) 295-9382
 Date Daytime Phone #

CR2E034 (9/01)