


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AV

<b>DOCUMENT #</b> P01000033337	
<b>1. Entity Name</b> HOSPITALITY VENTURES GROUP, INC.	

<b>Principal Place of Business</b> 4449 OKEECHOBEE BLVD WEST PALM BEACH FL 33409	<b>Mailing Address</b> 4449 OKEECHOBEE BLVD WEST PALM BEACH FL 33409
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
04 FEB 10 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03-04**

**4. FEI Number** 65-1097471

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  ZIMMERMAN, BARRY D 8470 92ND PLACE SOUTH BOYNTON BEACH, FL 33437	<b>7. Name and Address of New Registered Agent</b> Name <u>Mike Anthony</u> Street Address (P.O. Box Number is Not Acceptable) <u>845 NE 72ND ST.</u> City <u>BOCA RATON</u> FL <u>33487</u>
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**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 Mike Anthony DATE 12/28/03

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEFANO, JOHN 845 N.E. 72ND STREET BOCA RATON FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600028383366 02/09/04-01006-019 ***900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZIMMERMAN, BARRY 8470 92ND PL S BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTHONY, MIKE 845 NE 72ND STREET BOCA RATON FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:** Mike Anthony 12/28/03 (561) 687-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)