FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90077 042 ***150.00

DOCUMENT # P01000061348
1. Entity Name SAMOR INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	4. FEI Number
DBA EMBASSY SUITES	3340 BRUSSELS AVE	65-1116474
Suite, Apt. #, etc. 4931 SHERIDAN ST	Suite, Apt. #, etc.	Applied For / Not Applicable
City & State Hollywood, FL	City & State Cooper City, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 33021 Country USA	Zip 33026 Country USA	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MARK GOLDBERG 3340 BRUSSELS AVE COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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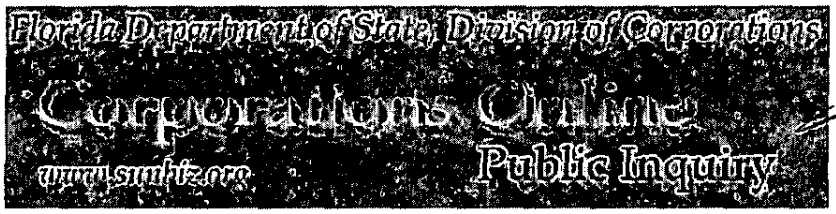
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the report or supplemental report is true and accurate and that my signature shall have the same 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Goldberg 02/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

Attachment # P01000061348



420609

Florida Profit

SAMOR INC.

PRINCIPAL ADDRESS
3340 BRUSSELS AVE
COOPER CITY FL 33026-4806

MAILING ADDRESS
3340 BRUSSELS AVE
COOPER CITY FL 33026-4806

Document Number	FEI Number	Date Filed
P01000061348	NONE	06/18/2001
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
GOLDBERG, MARK 3340 BRUSSELS AVE COOPER CITY FL 33026-4806

Officer/Director Detail

Name & Address	Title
GOLDBERG, MARK 3340 BRUSSELS AVE COOPER CITY FL 33026-4806	D

Annual Reports

Report Year	Filed Date	Intangible Tax