

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90022 043 ***150.00

031041 AV

DOCUMENT # P01000080112

1. Entity Name

BUENA VISTA COURTYARD VILLA CORP.

Principal Place of Business

**4900 N OCEAN BLVD #406
FORT LAUDERDALE FL 33308**

Mailing Address

**4900 N OCEAN BLVD #406
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

4312 EL MAR DRIVE

3. Mailing Address

4900 N OCEAN BLVD.

Suite, Apt. #, etc.

COURTYARD VILLA

Suite, Apt. #, etc.

SUITE 406

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

Zip

33308

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1129501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MULLEN, JOSEPH P ESQ
C/O MULLEN & BIZZARRO PA
2929 EAST COMMERCIAL BLVD SUITE PH-C
FORT LAUDERDALE FL 33308**

7. Name and Address of New 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) ☐

**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

TITLE **D/P** ☐ Delete
NAME **HOSHKO, THOMAS**
STREET ADDRESS **2716 NE 30TH AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **D/V** ☐ Delete
NAME **HOSHKO, LOUELLEN**
STREET ADDRESS **2716 NE 30TH AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **D/V** ☐ Delete
NAME **HOSHKO, THOMAS PAUL**
STREET ADDRESS **4900 N OCEAN BLVD #406**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☐ Change ☐ Addition
NAME
STREET ADDRESS **} SAME AS LEFT**
CITY-ST-ZIP

TITLE **D/V** ☐ Change ☐ Addition
NAME
STREET ADDRESS **} SAME AS LEFT**
CITY-ST-ZIP

TITLE **D/V** ☐ Change ☐ Addition
NAME
STREET ADDRESS **} SAME AS LEFT**
CITY-ST-ZIP

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954/776-1164) 1/9/02

Date

Daytime Phone #

CR2E034 (9/01)