DOCUMENT # P0200001253	7

1. Entity Name

MARINA VIEW MOTEL, INC.



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						SECRETARY. TALLAHASSER	OF STATE		
29 WEST 14TH STREET 4243-D			ling Address 3-D NORTHLAKE BOULEVARD M BEACH GARDENS FL 33410					!(RIA (188) A+(9)	• 1941 (88 1 (84 1)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt	t. #, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City	City & State			4. FEI Number	3-0383333		pplied For lot Applicable
Zip Country		Zip			try	5. Certificate of Status Des	ired	\$8.75 Ad Fee Require	Iditional
	6. Name and Address of Curren	t Register	egistered Agent			7. Name and Address of New Registered Agent			
VAVVAD	VAOII DAI		-		Name				
Kakkar, Yash Pal 4243-d Northlake Bouelvard			Street Address			s (P.O. Box Number is Not Acceptable)			
PALM BE	ACH GARDENS FL 33410								
				ļ	City	. 0.1	FL	Zip Cod	ie
8. The above the obliga	e named entity submits this statement fi tions of registered agent.	or the purp	ose of changing its r	egistere	d office or register	ed agent, or both, in the State	of Florida. I am f	amiliar with,	and accept
SIGNATURE									
0.0111110712	Signature, typed or printed name of registered agent	t and title if app	licable. (NOTE:	Registered	Agent signature required	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campai Trust Fund Contr			00 May Be of to Fees
10.	OFFICERS AND	DIRECTO	RS	11.	 ·	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
TITLE	P PAROT DILIP	-	☐ Delete	TITLE		.900013			Addition
NAME STREET ADDRESS CITY-ST-ZIP	BAROT, DILIP 4243-D NORTHLAKE BOULEVARD PALM BEACH GARDENS FL 33410				T ADDRESS ST-ZIP	02/19/03010		•*158.7	'5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAKKAR, YASH PAL 4243-D NORTHLAKE BOULEVAR PALM BEACH GARDENS FL 334		☐ Delete		T ADDRESS ST-ZIP	MC	/	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP		, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition
TITLE			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAM() Street address City-St-Zip			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	-		☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not all bliry 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:

Yash Pal Kakkar, Secretary

1/29/03 (561) 627-7988

Date

Daytime Phone #