

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90191 004 ***150.00

0697946
FP

DOCUMENT # P02000075903

1. Entity Name
HOSPITALITY RECRUITING SERVICES, INC.



Principal Place of Business
**1676 GOLDENEYE LANE
HOMESTEAD FL 33033**

Mailing Address
**1676 GOLDENEYE LANE
HOMESTEAD FL 33033**

2. Principal Place of Business
1676 S. GOLDENEYE LANE

3. Mailing Address
1676 S. GOLDENEYE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOMESTEAD FL

City & State
HOMESTEAD FL

Zip
33035

Country

Zip
33035

Country

4. FEI Number
13-4204791

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VICHA, DEBRA T
1676 GOLDENEYE LANE
HOMESTEAD FL 33033**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Debra T. Vicha DEBRA T VICHA

4/7/03
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 Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VICHA, DEBRA T 1676 GOLDENEYE LANE HOMESTEAD FL 33033 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT VICHA, DEBRA T 1676 SOUTH GOLDENEYE LN HOMESTEAD FL 33035 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Debra T. Vicha DEBRA T VICHA

4/7/03
Date

305-248-7845
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)