

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90137 041 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**10110260**

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P02000102433</b><br>1. Entity Name<br><b>GLOBAL HOSPITALITY SOLUTIONS CORPORATION</b>  |   |   |   |
| Principal Place of Business<br><b>402 VILLAGE LAKE DR<br/>WESTON, FL 33326</b>   |   | Mailing Address<br><b>402 VILLAGE LAKE DR<br/>WESTON, FL 33326</b>  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>CG Accounting Corp.<br/>4101 Ravenswood Rd., Suite 111<br/>Fort Lauderdale, FL 33312</b>   |   |
| City & State<br><b>Fort Lauderdale, FL</b>   |   | 4. FEI Number <b>14-1847622</b>   |   |
| Zip <b>33312</b> Country <b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22 ST 4 FLOOR<br/>MIAMI, FL 33145</b>   |   | 7. Name and Address of New Registered Agent<br>Name <b>Goldis, David</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4101 Ravenswood Road, Suite 111</b><br>City <b>Fort Lauderdale</b> FL <b>33312</b> |   |
| 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 obligation of, registered agent.<br>SIGNATURE <b>David Goldis</b> <b>David Goldis - Accountant</b> <b>7/17/03</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small>   |   |   |   |
| FILE NOW!!! FEE IS \$180.00<br>EARLY MAY 15, 2003 FEE WILL BE \$650.00<br>Amended UBR is \$81.25<br>Make Check Payable to Florida Department of State  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSTD<br>JUVELIS, PETER<br>402 VILLAGE LAKE DR<br>WESTON, FL 33326 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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 or without like empowered. |   |   |   |
| SIGNATURE: <b>Peter Juvelis</b> <b>Peter Juvelis</b> <b>7/17/03</b> <b>954-465-0750</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Case</small> <small>Daytime Phone #</small>  |   |

CR2E034 (1/0/02)

Attachment

10110260

*CG Accounting Corporation*

4101 Ravenswood Road, Suite 111, Fort Lauderdale, FL 33312 (954) 327-4617 Fax (954) 327-4618

July 17, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**Re: Global Hospitality Solutions Corp.**

**# P02000102433**

**2003 UBR**

Dear State of Florida Representative,

We are the accountants for the above named taxpayer. This corporation never received their 2003 UBR in the mail. We sent an e-mail and received a response (copy enclosed) to advise us how to proceed.

We are submitting the application together with the \$150 fee. We appreciate the abatement of the late fee.

If any additional information is needed, please contact us.

Very truly yours,

*David Goldis*

David Goldis

DTG/cb