FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

Aug 18, 2003 8:00 am Secretary of State P02000119309 DOCUMENT # 08-18-2003 90172 005 ***150.00 1. Entity Name INDEPENDENT HOSPITALITY CONSULTANTS, INC. Principal Place of Business Mailing Address 9737 NW 41ST STREET 9737 NW 41ST STREET SUITE 123 SUITE 123 **MIAMI FL 33178** MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address SAME as SAME AS a DOVR Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NONE BERGHOLM, EDWARD ESQ. Street Address (P.O. Box Number is Not Acceptable) 1393 SW FIRST STREET #200 **MIAMI FL 33135** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CEOFF04 (4/03) ☐ Change Addition TITLE Detete TITLE MARANTE, JOHN E NAME NAME 9737 NW 41ST STREET #123 STREET ADDRESS STREET ADDRESS NONE **MIAMI FL 33178** CITY-ST-7/P CITY-ST-ZIP D TITLE ☐ Delete TITLE Change Addition MARANTE, MARIA NAME NAME 9737 NW 41ST STREET #123 STREET ADDRESS STREET ADDRESS NONE CITY+ST-ZIP **MIAMI FL 33178** CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the mane appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

attach ment

H P02000119309

Miami, August 14, 2003

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

Ref: 2003 Uniform Business Report

Dear Sirs:

I was not able to send the uniform because we did not receive the prior notice.

Also...I was in the hospital for major operation as per enclosed medical records.

We are enclosing the \$ 150.00 check for the filing fee.

Very truly yours.

Independent Hospitality Consultants, Inc

John Marante

President