

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005768

1. Entity Name

B. & L. HOTEL CORP.

Principal Place of Business

DAYS INN OCEANFRONT
4240 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308

Mailing Address

C/O LERMAN
48 E. FLAGLER ST. (PH 101)
MIAMI FL 33131-1012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0370256

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LERMAN, JORGE
48 E FLAGLER ST (PH 101)
MIAMI FL 33131

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, 2000 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 PD
NAME BERGER, HARRY ☐ Delete
STREET ADDRESS 4240 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE VPD
NAME BRZYSKI, ARON ☐ Delete
STREET ADDRESS 4240 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VPD
NAME BERGER, JOSEF ☐ Delete
STREET ADDRESS 4240 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD
NAME LERMAN, JORGE ☐ Delete
STREET ADDRESS 48 E FLAGLER ST (PH 101)
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME LERMAN, ISIDORO ☐ Delete
STREET ADDRESS 48 E FLAGLER ST (PH 101)
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Delete
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2000

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90131 021 ***150.00

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DO NOT WRITE IN THIS SPACE