

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90061 005 ***150.00

DOCUMENT # P93000007960

Entity Name
CLINTON HOTEL CORPORATION

Principal Place of Business

825 WASHINGTON AVE
MIAMI BEACH FL 33139

Mailing Address

825 WASHINGTON AVE
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

1036 MICHIGAN AVE
 Suite, Apt. #, etc.

1036 MICHIGAN AVE
 Suite, Apt. #, etc.

City & State

MIAMI Bch FL

City & State

MIAMI Bch FL

Zip

33139

Country

USA

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULKOWSKI, ISABELLA
825 WASHINGTON AVE
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

1036 MICHIGAN AVE

City

MIAMI Bch

FL

Zip Code

33139

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULKOWSKI, ISABELLA 825 WASHINGTON AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULKOWSKI, KAZIMIERZ 825 WASHINGTON AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TARTAGLIA, MARIA 825 WASHINGTON AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARTAGLIA, ARMANDO 825 WASHINGTON AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1036 MICHIGAN AVE MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1036 MICHIGAN AVE MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1034 MICHIGAN AVE MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1034 MICHIGAN AVE MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Isabella Sulkowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

Date

Daytime Phone #

CR2E034 (10/00)

0169249