

2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90958 030 ***150.00

DOCUMENT # P93000021773

1. Entity Name
REAL HOSPITALITY, INC.



Principal Place of Business
**5221 UNIVERSITY BLVD.
JACKSONVILLE FL 32216**

Mailing Address
**5221 UNIVERSITY BLVD.
JACKSONVILLE FL 32216**

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 **59-3171471**

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

**SUTARIA, NILESH
5221 UNIVERSITY BLVD. W.
JACKSONVILLE FL 32216**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
**DP SUTARIA, NILESH
5221 UNIVERSITY BLVD.
JACKSONVILLE FL 32216**

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
**D SHAH, SHEKHAR
630 FIRST AVE., #19-B
NEW YORK NY 10019**

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
**D SHAH, GAURAV
18 ALLISON DRIVE
ENGLEWOOD CLIFFS NJ 07632**

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
**D SHAH, KUMAR P
18 ALLISON DRIVE
ENGLEWOOD CLIFFS NJ 07632**

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4 (907) 737-1690

CR2E034 (10/02)