

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000028174**

1. Entity Name

**HOSPITALITY PURCHASING NETWORK, INC.****FILED****Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90190 038 \*\*\*150.00

Principal Place of Business

Mailing Address

1879 SW 31TH AVE  
BLDG T. BAY #1  
PEMBROKE PINES FL 33009  
US1879 SW 31TH AVE  
BLDG T. BAY #1  
PEMBROKE PINES FL 33009-2021  
US**NOT "PINES"****NOT "PINES"**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PEMBROKE PARK**City & State  
**PEMBROKE PARK**

Zip

Country

Zip

Country

4. FEI Number **65-0417203**

Applied For

Not Applicable

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****BLAKELY, MARK E**  
**3000 S OCEAN DR**  
**APT 15E**  
**HOLLYWOOD FL 33019**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P</b> <b>BLAKELY, MARK E</b> <b>3000 S OCEAN DR APT 15E</b> <b>HOLLYWOOD FL 33019</b>			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #