## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9300064158

## HOTELVIEW CORPORATION

Principal Place of Business Mailing Address										
Principal Plac	ce of Business	. –	Mailing Address							
291 SW 29TH AVE OMPANO BEACH FL 33069 S			1291 SW 29TH AVE POMPANO BEACH FL 33069-4359 US				בטוטטטאת			
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2. Principal Place of Susiness			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI	4. FEI Number 65-0442018 Applied For Not Applicable			
Zip Country			Zip Country		<b>5.</b> Cer	tificate of Status Desired	K	\$8.75 Add	itional	
6. Name and Address of Current Registered Agent						7. Nar	ne and Address of New R	egistere	d Agent	
					Name					
SELMAN, RANDY S					Street Addre	ess (P.O. Box	Number is Not Acceptable	)		
	TELVIEW COI									
	1 SW 29TH / MPANO REAC	AVENUE CH FL 33069			<u> </u>					
, 01	III AITO DEA	JII I E 00003			City			F	Zip Cod	e
. The above	e named entity	submits this statement for	the purpose of changing its	register	ed office or reg	istered agent	l, or both, in the State of Flo	rioa.		
SIGNATURE					<del></del> .	<del></del>		DATE	-	
	Signature, typed o	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	ed Agent signature re-	quired when reinst	.ating)		- 	
<ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</li> </ol>			FILE NOW!!! FEE IS \$15 After MAY 1, 2000 Fee will be Make Check Payable to Departm			1	10. Election Campaign Fin	ancina	\$5.0	<b>0</b> May Be
11.						00	Trust Fund Contribution	-		d to Fees
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supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ental 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the informat indicated on this report or support of the corporation or the receive changed, or on an attachm

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

954 919 6655 Daytime Phone #

Change

☐ Addition

**FILED** 

May 08, 2000 8:00 am Secretary of State 05-08-2000 90199 024 \*\*\*158.75