

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000087145**1. Entity Name
HOTEL PARKING MANAGEMENT SERVICES, INC.Principal Place of Business
RADISSON PLAZA HOTEL
60 SOUTH IVANHOE BLVD.
ORLANDO FL 32804
USMailing Address
930 WAGES WAY
ORLANDO FL 328252. Principal Place of Business
105 EAST ROBINSON STREET3. Mailing Address
105 EAST ROBINSON STREETSuite, Apt. #, etc.
SUITE 304Suite, Apt. #, etc.
SUITE 304City & State
ORLANDO FLCity & State
ORLANDO FLZip
32801
Country
USZip
32801
Country4. FEI Number
59-3214559Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MICHAEL A BARONE**
930 WAGES WAYORLANDO FL 32825
US**7. Name and Address of New Registered Agent**Name
BARONE MICHAEL APRESIDE
Street Address (P.O. Box Number is Not Acceptable)
105 EAST ROBINSON STREET
SUITE 304
City
ORLANDO FL Zip Code
32801

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 **MICHAEL A. BARONE****04/10/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME **BARONE MICHAEL A** ☐ Delete
STREET ADDRESS
930 WAGES WAY
CITY-ST-ZIP
ORLANDO FL 32825TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME **BARONE MICHAEL A** ☒ Change ☐ Addition
STREET ADDRESS
105 EAST ROBINSON STREET SUITE 304
CITY-ST-ZIP
ORLANDO FL 32801TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Barone

Pres

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)