

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022279

1. Entity Name

HOSPITALITY BY BRENDA GORDON, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90303 006 ***150.00

Principal Place of Business
 104 NW 109TH AVE #207
 PEMBROKE PINES FL 33026
 FLA 33025

Mailing Address
 104 NW 109TH AVE
 STATE #07
 PEMBROKE PINES FL 33025-2472
 US

9020 Bermuda Dr. SAME



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 9020 Bermuda Dr. SAME

3. Mailing Address
 9020 Bermuda Dr. SAME

Suite, Apt. #, etc.
 MIRAMAR

City & State
 MIRAMAR, FLA

City & State
 FLA

Zip
 33025

Country
 USA

Zip
 33025

Country
 USA

4. FEI Number 65-0484147

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRENDA
 104 NW 109TH AVE
 #207
 PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 9020 BERMUDA DR.

City
 MIRAMAR

FL

Zip Code
 33025

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	GORDON, BRENDA	
STREET ADDRESS	104 NW 109TH AVE #207	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9020 Bermuda Dr.	
STREET ADDRESS	MIRAMAR, FL 33025	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Brenda Gordon 4/21/00 9544 385907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)