2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 91108 001 ***750.00

DOCUMENT P95000028512

1. Entity Name
Hospitality Concepts of America, Inc.

Principal Place of Business	Mailing Address
N.E. 13 STREET LAUDERDALE FL 33304	920 N.E. 13 STREET FORT LAUDERDALE FL 33304-2010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3290 NE 33 Street	3290 NE 33 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33308 Country:	Zip: 33308 Country:

4. FEI Number n/a ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Moreth, Roman 920 NE 13 Street Ft. Lauderdale, FL	Name: Moreth, Roman Street Address (P.O. Box Number is Not Acceptable): 3290 NE 33 Street City: Fort Lauderdale **FL** Zip Code: 33308

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, 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 $500.00
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	
D MORETH, R 920 NE 13 STREET FORT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Moreth, R. 3290 NE 33 Street Fort Lauderdale, FL	☒ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: 4-20-00

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