5-23-00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052149

FILED
00 MAY 23 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B00089316

1. Entity Name

ASTRAL HOSPITALITY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
400 BEACH ROAD UNIT # 103 TEQUESTA, FL 33469	400 BEACH ROAD UNIT # 103 TEQUESTA, FL 33469

2. Principal Place of Business		3. Mailing Address	
20185 E COUNTRY CLUB DR		20185 E COUNTRY CLUB DR	
Suite, Apt. #, etc.: # 202		Suite, Apt. #, etc.: # 202	
City & State: AVENTURA, FL		City & State: AVENTURA, FL	
Zip: 33180	Country: USA	Zip: 33180	Country: USA

DO NOT WRITE IN THIS SPACE
05/23/00 90195/012 150.00

4. FEI Number: 65-0597192 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GHALAM, HASSAN
400 BEACH ROAD
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 20185 E COUNTRY CLUB DRIVE
202
City: AVENTURA FL Zip Code: 33180

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] Hassan Ghalam 4/26/00
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	PST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GHALAM. HASSAN	NAME	
STREET ADDRESS	400 BEACH RD UNIT #103	STREET ADDRESS	20185 E COUNTRY CLUB DR #202
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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] 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1

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