

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069347

1. Entity Name

FLORIDA SUITES, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90045 010 ***550.00

Principal Place of Business

169 LINCOLN ROAD
 SUITE 324
 MIAMI BEACH FL 33139
 US

Mailing Address

169 LINCOLN ROAD
 SUITE 324
 MIAMI BEACH FL 33139
 US

2. Principal Place of Business

420 Lincoln Rd
 Suite, Apt. #, etc.
 300

3. Mailing Address

850 SW 13th
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City, State

Miami Beach, FL

City, State

Miami - FL

4. FEI Number

65-0610829

Applied For

Not Applicable

Zip
 33139

Country

Zip
 33135

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOTOLONGO, HUGO
 169 LINCOLN ROAD STE 324
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, type 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
 NAME SOTOLONGO, HUGO
 STREET ADDRESS 169 LINCOLN RD #324
 CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE Sotolongo, Hugo
 NAME
 STREET ADDRESS 850 SW 13th
 CITY-ST-ZIP Miami, FL 33135

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)