## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2002 8:00 am Secretary of State P95000072399 DOCUMENT # 1. Entity Name 05-16-2002 90024 025 \*\*\*150.00 COLONIAL SUITES, INC. Mailing Address Principal Place of Business 208 DUVAL ST กกรถจ์สิภิ2 330 DUVAL ST KEY WEST FL 33040 KEY WEST FL 33040 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEi Number City & State City & State 65-0619023 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHEN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 208 DUVAL ST KEY WEST FL 33040 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition Change TITLE DP. ☐ Delete TITLE NAME COHEN, JOSEPH NAME STREET ADDRESS 3637 EAGLE AVENUE STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete DVP TITLE NAME CINDI, JACK NAME STREET ADDRESS 208 DUVAL ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 a lotter like empowered.

IGNING OFFICER OR DIRECTOR

GNATURE AND TYPED OR PRINTED

**FILED**