

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

04-24-2003 90178 038 ***150.00

DOCUMENT # P95000092772



1. Entity Name
INTERNATIONAL HOTEL CONTRACT CONSULTANTS INC.

Principal Place of Business
**6855 S.W. 120TH STREET
MIAMI FL 33156**

Mailing Address
**6855 S.W. 120TH STREET
MIAMI FL 33156**

2. Principal Place of Business

9600 NW 25 ST

Suite, Apt. #, etc.

2E

City & State

Miami, FL

Zip

33172

Country

3. Mailing Address

9600 NW 25 ST

Suite, Apt. #, etc.

2E

City & State

Miami, FL

Zip

33172

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0622860**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRACIA, ELIBERTO J JR
6855 SW 120 STREET
SUITE 211
MIAMI FL 33156**

Name **Manny Alvarez**
Street Address (P.O. Box Number is Not Acceptable)
9600 NE 25 ST
Suite **2E**
City **Miami** **FL** Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GRACIA, ELIBERTO J JR**
STREET ADDRESS **C/O 6855 SW 120 STREET**
CITY-ST-ZIP **MIAMI FL**

☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **ALVAREZ, MANNY**
STREET ADDRESS **11500 SW 2ND ST**
CITY-ST-ZIP **MIAMI FL 33174**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

786-331-9512
Daytime Phone #

CR2E034 (10/02)