FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90240 036 ***158.75

DOCUMENT # P95000096600

1. Entity Name

HOSPITALITY PURVEYORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4950 S.W. 72nd Ave. Ste110	P.O. Box 558090
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl. 33155	City & State: Miami, Fl
Zip: 33155 Country: Dade	Zip: 33255 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Patrick Barthet

Street Address (P.O. Box Number is Not Acceptable): 200 South Biscayne Boulevard Suite #1800

City: Miami, Fl **FL** Zip Code: 33131

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: Pres.	President	TITLE	
NAME	Brian Mair	NAME	
STREET ADDRESS	1600 N.W. 159th St.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33169	CITY-ST-ZIP	
TITLE	Secretary/Treasurer	TITLE	
NAME	Dudley L. Thomas	NAME	
STREET ADDRESS	4950 S. W. 72nd Avenue Ste#110	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33155	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dudley Thomas April 28, 2003 (305) 667-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #