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FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91896 030 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001934

1. Entity Name
HOSPITALITY PROCUREMENT INC

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2. Principal Place of Business	3. Mailing Address
1008 SW 18TH CT	1008 SW 18TH CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE FL	City & State: FT LAUDERDALE FL
Zip: 33315 Country: USA	Zip: 33315 Country: USA

4. FEI Number: 65-0632125 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: HAMMANN WALTER
Street Address (P.O. Box Number is Not Acceptable): 1008 SW 18TH COURT
City: FT LAUDERDALE FL Zip Code: 33315

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 X [signature] / WALTER G. HAMMANN, JR. 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HAMMANN, WALTER
STREET ADDRESS	1008 SW 18TH CT
CITY-ST-ZIP	FT LAUDERDALE FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034 (12/02)

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: X [signature] / WALTER G. HAMMANN, JR 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-253-9202