2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000064139 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am Secretary of State

| 1. Entity Name BEST FLORIDA RESORT MOTEL, INC. | | | | 03-17-2003 90085 | 029 ***150.00 | | |
|---|---|--|---|---|-----------------------------------|-------------------|--|
| Principal Place 4628 NORTH C LAUDERDALE (| | Mailing Address 4628 NORTH OCEAN DRIVI LAUDERDALE BY THE SEA | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | e | City & State | | 4. FEI Number 65-0689656 | Applied F Not Appli | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Curren | it Registered Agent | | 7. Name and Address of New Registered | l Agent | | |
| | 43 | | Name | | | | |
| CLADY TI | HOMAS M ESQ. | | | 1 | | | |
| | • | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 2400 E. C | OMMECIAL BLVD. | | | | | | |
| #820 | | | | | | | |
| FT. LAUDERDALE FL 33308 | | | City | City FL Zip Code | | | |
| The above named entity submits this statement for the purpose of changing its region. | | | | - | I | | |
| | | for the purpose of changing its | registered office or regis | stered agent, or both, in the State of Florida. Tan | n iamiliar with, and at | cept | |
| tne obligat | tions of registered agent. | | | | | | |
| SIGNATURE - | · | | | | | _ [| |
| Oldivariant = | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE | : Registered Agent signature req | uired when reinstating) DATE | | | |
| , F | ILE NOW!!! FEE IS \$150.00 | | | | . 05.00 | _ | |
| | | , l | | Election Campaign Financing — Trust Fund Contribution. | \$5.00 Mag □ Added to Fe | | |
| Make Check | r May 1, 2003 Fee will be \$550.00 k Pavable to Florida Department | of State | | nust i una contributori. | | | |
| Make Check | k Payable to Florida Department | of State | 11. | NOST GIVE SERVICE | ND DIRECTORS IN 1 | ī | |
| Make Check | k Payable to Florida Department OFFICERS AN | D DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AN | | 1 Addition | |
| Make Check 10. | k Payable to Florida Department OFFICERS AN | of State | 11. TITLE | NOST GIVE SERVICE | | 1 2 | |
| Make Check 10. TITLE NAME | k Payable to Florida Department OFFICERS AN P JURCZAK, TOMASZ | D DIRECTORS | TITLE | NOST GIVE SERVICE | | 1 2 | |
| Make Check 10. TITLE NAME STREET ADDRESS | P JURCZAK, TOMASZ 4628 N OCEAN DR | D DIRECTORS | TITLE NAME | NOST GIVE SERVICE | | 1 2 | |
| Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JURCZAK, TOMASZ 4628 N OCEAN DR LBTS FL | O DIRECTORS Delete | TITLE NAME STREET ADDRESS | NOST GIVE SERVICE | ☐ Change ☐ A | 1 2 | |
| Make Check 10. IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE | P JURCZAK, TOMASZ 4628 N OCEAN DR LBTS FL | D DIRECTORS | TITLE NAME STREET ADDRESS CITY-ST-ZIP | NOST GIVE SERVICE | ☐ Change ☐ A | Addition | |
| Make Check 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | P JURCZAK, TOMASZ 4628 N OCEAN DR LBTS FL D JURCZAK, BOZENA | O DIRECTORS Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | NOST GIVE SERVICE | ☐ Change ☐ A | Addition | |
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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. BOZENA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

☐ Delete