## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 1. Entity Name

SIGNATURE:

Pa60000653 22

## DANTIN HOSPITALITY, INC.

Principal Place of Business

Mailing Address

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90100 033 \*\*\*550.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Ad Fee Require  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  Atichael L. Moore, Esquire  5.458 Hoffner Ave., Suite 303  Orlando, FL 32812  City FL Zip Cod  City						_
City & State    City & State   City & State   City & State   4. FEI Number   59-3400093   S. 75 Ad	. Principal Pi	lace of Business	3. Mailing Address			
Suppose   Supp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Exp. Country   Zip   Country   S. Certificate of Status Desired   S8.75 Am Fee Require   S4.78 Hoffner Ave., Suite 303   Street Address (PO. Box Number is Not Acceptable)   S	City & State		City & State		)	Applied For Not Applica
Name   Street Address (PO. Box Number is Not Acceptable)	Zip	Country	Zip	Country		\$8.75 Additional Fee Required
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Reg	gistered Agent
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Cot	William T. Warran Barraina			Name ,		
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.    GNATURE	Michael L. Moore, Esquire 5458 Hoffner Ave., Suite 303 Orlando, FL 32812			Street Addr	s (P.O. Box Number is Not Acceptable)	
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.    Common				City		Zip Code
GNATURE    Signature, typed or printed name of registered agent and talle if applicable   INCTE. Registered Agent agristative requirement and elects to do so. (See criteria on back)   After MAY'1; 2000 Fee will be \$550,00     Trust Fund Contribution.   Adde   A						<u> </u>
This corporation is eligible to satisfy its Intengible— Tax filling requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Trust Fund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  1. OFFICERS AND DIRECTORS  THE  MEETADDRESS TY-ST-ZIP  THE  MEETADDRESS TY-ST-ZIP  Windermere, FL 34786  Delete  TITLE  MAME STREET ADDRESS TY-ST-ZIP  Arthur McZeir 1420 N. Street, N.W.  Washington, D.C. 20005  Delete  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  Washington, D.C. 20005  Delete  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  Change  Change  Change  THE  MAME STREET ADDRESS CITY-ST-ZIP  The  MERET ADDRESS CITY-ST-ZIP  The  MERET ADDRESS CITY-ST-ZIP  The  MERET ADDRESS CITY-ST-ZIP  The  MERET ADDRESS CITY-ST-ZIP  THE  MAME STREET ADDRESS CITY-ST-ZIP  Change  Change  Change  Change  Change  THE  MAME STREET ADDRESS CITY-ST-ZIP  THE  MAME STREET ADDRESS CITY-ST-ZIP  THE  MAME STREET ADDRESS CITY-ST-ZIP  Change  Change  Change  THE  MAME STREET ADDRESS CITY-ST-ZIP  Change  Change  THE  MAME STREET ADDRESS CITY-ST-ZIP  Change  Change  THE  THE  THE  THE  THE  THE  THE  TH	The above	named entity submits this statemen	t for the purpose of changing	its registered office or reg	gistered agent, or both, in the State of Florid	da.
After MAY 1, 2000 Fee will be \$550.00  Trust Fund Contribution.   \$51.  Added Check Payable to Department of State  After MAY 1, 2000 Fee will be \$550.00  Trust Fund Contribution.   \$51.  Added Check Payable to Department of State  After MAY 1, 2000 Fee will be \$550.00  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  After MAY 1, 2000 Fee will be \$550.00  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  After MAY 1, 2000 Fee will be \$550.00  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  And Enter Added Check Payable to Department of State  Trust Fund Contribution.   \$55.00  And Enter Added Check Payable to Departm	ICNATI IDE					
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  I. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF  Trust Fund Contribution.  Added  Ad	GNATORE _	Signature, typed or printed name of registered ag	gent and title if applicable (N	OTE: Registered Agent signature re	equired when reinstating)	DATE
Make Check Payable to Department of State  I. OFFICERS AND DIRECTORS  I. OFFICERS AND DIRECTORS  I. OFFICERS AND DIRECTORS  I. OFFICERS AND DIRECTORS  II. NAME  REFE ADDRESS RY-ST-ZIP  II. MAME STREET ADDRESS REFE ADDRESS RY-ST-ZIP  II. NAME STREET ADDRESS REFE ADDRESS REFE ADDRESS RY-ST-ZIP  II. NAME STREET ADDRESS REFE ADDRES	Tax filing re	equirement and elects to do so.	After MAY 1,	2000 Fee will be \$550.	Trust Fund Contribution	
ME REET ADDRESS TY-ST-ZIP  LE ME REET ADDRESS THEET ADDRESS CITY-ST-ZIP  LE ME STREET ADDRESS CITY-ST-ZIP  L		·	Law in the second second second	<b>医克克克斯氏性病性的 计记录器 化二十二甲基基甲基甲基基甲基甲基</b>	State	
Tyrone Nabbie 9168 Balmoral Mews Sq. Windermere, FL 34786  Delete  MERET ADDRESS TY-ST-ZIP  LE  MERET ADDRESS TY-ST-ZIP  S/T/D  Arthur McZeir 1420 N. Street, N.W. Washington, D.C. 20005  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	1	- <del></del>		<del></del>	ADDITIONS/CHANGES TO OFFIC	
TYFONE Nabble 9168 Balmoral Mews Sq.  Windermere, FL 34786   Delete   TITLE   NAME REET ADDRESS   TY-ST-ZIP    TLE  ME REET ADDRESS   TY-ST-ZIP    NAME STREET ADDRESS   CITY-ST-ZIP    Change   Change   Change    NAME STREET ADDRESS   CITY-ST-ZIP    NAME STREET ADDRESS   CITY-ST-ZIP    LE  ME REET ADDRESS   CITY-ST-ZIP    LE  ME REET ADDRESS   CITY-ST-ZIP    Change   Change    NAME   STREET ADDRESS    CITY-ST-ZIP    Change   Change    NAME   Change    Change   Change    NAME   Change    NAME   Change    NAME    STREET ADDRESS    CITY-ST-ZIP    Change    Ch	1	_	L-1 Delete	9		
LE ME REET ADDRESS IY-ST-ZIP  LE ME REET ADDRESS IY-ST-ZIP  LE ME REET ADDRESS IY-ST-ZIP  LE ME ME REET ADDRESS IY-ST-ZIP  LE ME ME REET ADDRESS IREET ADDRESS IRREET ADDRESS IRRE	I		a	STREET ADDRESS		
ME REET ADDRESS Y-SI-ZIP  LE REET ADDRESS Y-SI-ZIP  S/T/D Arthur McZeir 1420 N. Street, N.W. Washington, D.C. 20005 LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS CITY-SI-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-SI-ZIP  Change  Change  Change  TITLE NAME STREET ADDRESS CITY-SI-ZIP  Change	Y-ST-ZIP	,		CITY-ST-ZIP		
REET ADDRESS TY-ST-ZIP  REET ADDRESS TY-ST-ZIP  REET ADDRESS TY-ST-ZIP  S/T/D Arthur McZeir 1420 N. Street, N.W. Washington, D.C. 20005  LE ME REET ADDRESS REET ADDRESS TY-ST-ZIP  LE ME REET ADDRESS RY-ST-ZIP  LE ME REET ADDRESS RY-ST-ZIP  LE ME REET ADDRESS REET ADDRESS RY-ST-ZIP  LE ME REET ADDRESS REET ADDRESS RY-ST-ZIP  LE ME REET ADDRESS REET ADDRESS REET ADDRESS RTREET ADDRESS	LE [	Windermere, ru	<b>34/86</b> □ Delete	TITLE		☐ Change ☐ Addit
TY-SI-ZIP  TLE  ME  REET ADDRESS TY-SI-ZIP  LE  ME  REET ADDRESS TY-SI-ZIP  LE  ME  REET ADDRESS RY-SI-ZIP  Change  CITY-SI-ZIP  Change  CITY-SI-ZIP  Change  CHANGE  STREET ADDRESS CITY-SI-ZIP  CHANGE  STREET ADDRESS CITY-SI-ZIP  Change	.ME					
S/T/D Arthur McZeir 1420 N. Street, N.W.  We shington, D.C. 20005  LE ME ARET ADDRESS CITY-ST-ZIP  LE ME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Change  Change  Change  Change  Change  Change  Change  STREET ADDRESS CITY-ST-ZIP  Change  STREET ADDRESS CITY-ST-ZIP  Change  STREET ADDRESS CITY-ST-ZIP  Change  Change	I					
ME REET ADDRESS PY-ST-ZIP  LE ME REET ADDRESS STREET ADDRESS PY-ST-ZIP  LE ME REET ADDRESS PY-ST-ZIP  LE ME REET ADDRESS RY-ST-ZIP  LE ME REET ADDRESS REET ADDRESS RY-ST-ZIP  LE ME REET ADDRESS		~		<b>-</b>		
Arthur McZeir 1420 N. Street, N.W.  Washington, D.C. 20005  TITLE ME REET ADDRESS TY-ST-ZIP  LE ME REET ADDRESS TY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Arthur McZeir  1420 N. Street, N.W.  USANINGTON, D.C. 20005  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Change  ME REET ADDRESS STREET ADDRESS			Delete Delete		•	Change Addit
TY-SI-ZIP TLE ME REET ADDRESS TY-SI-ZIP  TITLE NAME STREET ADDRESS TTTLE NAME STREET ADDRESS TTTLE NAME STREET ADDRESS TTTLE NAME STREET ADDRESS	· · ·	Arthur McZeir				
Washington, D.C. 20005 Delete TITLE NAME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		1420 N. Street,	, N.W.			
NAME REET ADDRESS RET ADDRESS RET ADDRESS RET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS REET ADDRESS RAME STREET ADDRESS	· <u>-</u> -	Washington, D. (	2.—20005			☐ Change ☐ Addit
STREET ADDRESS LY-S1-ZIP  CITY-S1-ZIP  CITY-ST-ZIP  CITY - ST-ZIP  TITLE  MAME  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS			. La Delete			
LE Delete TITLE . Change  ME NAME REET ADDRESS STREET ADDRESS				STREET ADDRESS		
ME NAME REET ADDRESS STREET ADDRESS	Y-ST-ZIP			CITY-ST-ZIP		
REET ADDRESS STREET ADDRESS	LE		☐ Delete	TITLE		☐ Change ☐ Addit
	ме ј			NAME		
Y-ST-ZIP CITY-ST-ZIP						
	Y-ST-ZIP			CITY-ST-ZIP		
LE Delete TITLE Change	- 1		☐ Delete			Change 🔲 Additi
NAME OFFICE CORRESPONDED	<b>I</b>			i		
REET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP						