## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

28

29

Zip

**PROFIT** CORPORATION ANNUAL REPORT

1999

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000022160 Corporation Name

Country

25

ORLANDO FL 32803

NEW ERA HOSPITALITY GROUP I, INC.

Principal Place of Business Mailing Address 1647 S ORANGE BLOSSOM TRAIL 2219 S MACON ST AURORA CO 80014 ORLANDO FL 32805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/05/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3440891 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAHAFFEY, JOHN D JR 82 Street Address (P.O. Box Number is Not Acceptable) 3113 LAWTON ROAD SUITE 225 83

Country

30

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered great Law templify with and accept the obligations of Section 607.0505 Florida Statutes.

84 City

| agent. I am familiar with, and accept the obligations of, Section 607,0505, Fibrida Statutes.  |                        |                    |   |          |            |
|--|------------------------|--------------------|---|----------|------------|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE |                        |                    |   |          |            |
| 12.  | OFFICERS AND DIRECTORS | 13.                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |            |
| TITLE  | <b>D</b> □ DELETE      | 1.1 TITLE          |   | ☐ Change | ☐ Addition |
| NAME   | PATEL, SHATISHCHANDRA  | 1.2 NAME           |   |          |            |
| STREET ADDRESS   | 2219 SOUTH MACON COURT | 1.3 STREET ADDRESS |   |          |            |
| CITY-ST-ZIP  | AURORA CO 80014        | 1.4 CITY-ST-ZIP    |   |          |            |
| TITLE  | ☐ DELETE               | 2.1 TITLE          | <del></del>                                       | ☐ Change | Addition   |
| NAME   |                        | 2.2 NAME           |   |          |            |
| STREET ADDRESS   |                        | 2.3 STREET ADDRESS |   |          |            |
| C/TY-ST-ZIP  | •                      | 2.4 CITY-ST-ZIP    |   |          |            |
| TITLE  | DELETE                 | 3.1 TITLE          |   | ☐ Change | ☐ Addition |
| NAME   |                        | 3.2 NAME           |   |          |            |
| STREET ADDRESS   |                        | 3.3 STREET ADDRESS |   |          |            |
| CITY-ST-ZIP  | •                      | 3.4. CITY-ST-ZIP   |   |          |            |
| TITLE  | ☐ DELETE               | 4.1 TITLE          |   | ☐ Change | Addition   |
| NAME   |                        | 4. 2 NAME          |   |          |            |
| STREET ADDRESS   |                        | 4.3 STREET ADDRESS |   |          |            |
| CITY-ST-ZIP  |                        | 4.4 CITY-ST-ZIP    |   |          |            |
| TITLE  | ☐ DELETE               | 5.1 TITLE          |   | ☐ Change | Addition   |
| NAME   |                        | 5.2 NAME           |   | •        |            |
| STREET ADDRESS   | •                      | 5.3 STREET ADDRESS |   |          |            |
| CITY-ST-ZIP  |                        | 5.4 CITY-ST-ZIP    |   |          |            |
| TITLE  | ☐ DELETE               | 6.1 TITLE          |   | Change   | Addition   |
| NAME   |                        | 6.2 NAME           |   |          |            |
| STREET ADDRESS   |                        | 6.3 STREET ADDRESS |   | •        |            |
| CITY-ST-ZIP  |                        | 6.4 CITY-ST-ZIP    |   |          |            |

14. 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 annual report or supplemental annual 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 officer or director of the corpo Block 12 or Block 13 if chang

SIGNATURE:

**FILED** 

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90010 001 \*\*\*150.00

Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

□No

🗌 Yes

Not Applicable