


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90996 039 ***150.00

MP28712 ΔV

DOCUMENT # P98000025862

1. Entity Name
REAL HOSPITALITY II, INC.



Principal Place of Business
5221 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32216

Mailing Address
5221 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32216

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3507441

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTARIA, NILESH J
5221 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHAH, SHEKHAR
630 FIRST AVENUE #19-B
NEW YORK NY 10019

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHAH, GAURAV
18 ALLISON DRIVE
ENGLEWOOD CLIFFS NJ 07632

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHAH, KUMAR P
18 ALLISON DRIVE
ENGLEWOOD CLIFFS NJ 07632

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SUTARIA, NILESH J
8241 BAYTREE LANE
JACKSONVILLE FL 32256

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
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Change Addition

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Change Addition

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CITY-ST-ZIP

Change Addition

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.

SIGNATURE: [Signature] SIGNATURE REQUIRED
Date 4/4 Daytime Phone # (904) 727-1690