

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030845

1. Entity Name

HOSPITALITY CONCEPTS, INC.

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90015 026 \*\*\*150.00

Principal Place of Business 11900 BISCAYNE BLVD SUITE 805 MIAMI FL 33181 US	Mailing Address 11900 BISCAYNE BLVD SUITE 805 MIAMI FL 33154 US
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2. Principal Place of Business 9999 COLLINS AV. SUITE 3E	3. Mailing Address 9999 COLLINS AV. SUITE 3E
Suite, Apt. #, etc. 3E	Suite, Apt. #, etc. 3E
City & State BAL HARBOUR FL	City & State BAL HARBOUR FL
Zip 33154	Country U.S.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SHIMOFF, IRVING 100 SE 2ND ST SUITE 3920 MIAMI FL 33131	7. Name and Address of New Registered Agent Name: VICTOR FARKAS Street Address (P.O. Box Number is Not Acceptable): 9999 COLLINS AV. 3E City: BAL HARBOUR FL Zip Code: 33154
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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.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARKAS, VICTOR 11900 BISCAYNE BLVD SUITE 805 MIAMI FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTOR FARKAS

Feb 31/00 305-968-9922