

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042720

1. Entity Name

THE DELRAY INN, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90165 047 ***150.00

Principal Place of Business

Mailing Address

297 NE 6TH AVE
DELRAY BEACH FL 33483

1655 PLAM BEACH LAKES BLVD
STE 900
PLAM BEACH FL 33483

2. Principal Place of Business

~~2424 N.E. 22nd Street~~

3. Mailing Address

2424 N.E. 22nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Pompano Beach, FL 33062~~

City & State

Pompano Bch., FL 33062

Zip

~~33062~~

Country

~~USA~~

Zip

33062

Country

USA

4. FEI Number

65-0845199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLASFELD, MICHAEL C
1655 PLAM BEACH LAKE S, BLVD STE 900
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name MICHAEL C. KLASFELD, ~~FFS~~

Street Address (P.O. Box Number is Not Acceptable)
2424 N.E. 22nd Street

City Pompano Beach,

FL

Zip Code
33062

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

X *Michael C. Klasefeld, as agent*

1/13/00

Signature typed or printed name of registered agent and title, 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

TITLE **D** ☐ Delete
NAME **KLASFELD, MICHAEL C**
STREET ADDRESS **1655 PLAM BEACH BLVD #900**
CITY-ST-ZIP **WEST PLAM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2424 N.E. 22nd Street**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SX Michael C. Klasefeld, as agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

(954) 781-8000

Daytime Phone #

CR2E034 (9/99)