

# 2001 UNIFORM BUSINESS REPORT (UBR)

0251423

DOCUMENT # P98000042907

1. Entity Name

POMPANO HOTEL MANAGEMENT, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 APR 30 AM 9:21

Principal Place of Business

1208 NORTH OCEAN BLVD  
POMPANO BEACH FL 33062  
US

Mailing Address

4900 POWERLINE RD  
3233  
FORT LAUDERDALE FL 33304  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

c/o AGI Registered Agents, Inc.  
1200 Brickell Ave., Suite 900

Miami, Florida

33131

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0834612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLINAR, MICHAEL D  
701 BRICKELL AVE STE 2150  
FT LAUDERDALE FL 33131

Name

AGI Registered Agents, Inc.

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

1200 Brickell Avenue

Suite 900

City

Miami

FL

Zip Code

33131

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/01

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, 2001 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 D  
NAME MATHIS, HARRIS  
STREET ADDRESS 12614 LITTLE PALM LANE  
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000004213708--5  
CITY-ST-ZIP -05/14/01--01011--014  
\*\*\*\*600.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

(Date)

Daytime Phone #

3/12/01 954-776-4850

CR2E034 (10/00)