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**FILED** Jul 02, 2002 8:00 am

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TITLE

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## **Secretary of State DOCUMENT #** P98000080452 05-22-2002 90160 042 \*\*\*150.00 HOSPITALITY INVESTMENTS II, INC. 37374 Principal Place of Business Mailing Address 2901 EAST NEW YORK AVENUE 2801 EAST NEW YORK AVENUE DELAND FL 32724 DELAND FL 32724 Mailing Address 2. Principal Place of Business 2981 Gimlet Drive 2981 Gimlet Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apl. #, etc. 4. FEI Number Applied For City & State City & State 01-072-2458 Not Applicable Deltona. Deltona. Zip 32738 Country \$8.75 Additional Zip 32738 5. Certificate of Status Desired USÁ USA Fee Required 7.::Name and Address of New Registered Agent -----d'Address of Current Registered Agent Rosemary A .- Ortiz GLAVIN, GRACE ANNE Street Address (P.O. Box Number is Not Acceptable) 2981 GIMLET DRIVE 2801 EAST NEW YORK AVENUE DELAND FL 32724 DELTONA Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. APRIL 29,2002 ROSEMARY A.B. ORTIZ/VPT SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition X Change Delete TITLE TITLE ORTIZ, VINCENT A NAME NAME 2801 EAST NEW YORK AVENUE STREET ADDRESS 2981 GIMLET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 DELTONA, FLORIDA 32738 (X) Change ☐ Addition TITLE ☐ Delete BARONE ORTIZ, ROSEMARY A NAME NAME 2801 E NEW YORK AVENUE STREET ADDRESS 2981 GIMLET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 DELTONA, FLORIDA 32738 Channe Addition Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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. Rosemary A.B. Ortiz (VPT) 4/29/02 (386)789-3074

☐ Change

☐ Addition