1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000087882

1. Corporation Name

NATASHA ENTERPRISES, INC.

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90079 022 \*\*\*150.00



Principal Place of Business Mailing Address								,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
1414 SW 4TH COURT 1414 SW 4TH COURT BOCA RATON FL 33432 BOCA RATON FL 33432									
						DO NOT WRITE IN THIS	SPAC	<u> </u>	
						3. Date Incorporated or Qualifed			
_						10/14/1998			
	lace of Business	2a. Mailing Address	_			4. FEI Number	L	+	lied For
21 3	585 So. Congress Ava.	26 1414 SW 4th	<u> </u>			65-0868883			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					_	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e Springs FL	City & State  28 Boca Raton	FL			6. Election Campaign Financing Trust Fund Contribution			May Be
Zip □ 3au	Country Zip Co						ENO.		
24 33461			- au			10. Name and Address of New Registered			
_	9. Name and Address of Current	Registered Agent	81	Nam	е	10. Harrie and Addition of Hotel (Agreement)	·90		
VAL\	/O, JACK V		Ľ.	140111					
1414 SW 4TH COURT				Stree	t Addre	ess (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33432									
-			83	1					
			84	City		FL	85	Zip C	ode
	10-4	and COZ 4500 Florida Statuta a M			-d	ration submits this statement for the purpose of	changi	na its i	registered
office or re	egistered agent, or both, in the State o	if Florida. Such change was autho	rized by	the cor	poration	n's board of directors. I hereby accept the appoir	itment	as reg	istered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	B.					
SIGNATURE						when reinstating) DATE			;
L	Signature, typed or printed name of registered agent			nt signatur	e required	when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	םוח ח	CTO	2S IN 12
12.			13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AN	☐ Cr		Addition
TITLE	· <del>-</del>					•	_	- 0	_
NAME			1.2 NAME					•	
STREET ADDRESS			1.3 STREET ADDRESS		~				
CITY-ST-ZIP			1.4 CITY-ST-ZIP		+		□ Ch	ange	Addition
TITLE			2.1 TITLE			·		Lingo	
NAME			2.2 NAME	1					+
STREET ADDRESS			2.3 STREET ADDRESS		is				Į
CITY-ST-ZIP			2. 4 CITY+ST-ZIP		<u> </u>	<del></del>	ПС		Addition
TITLE			3.1 TITLE			·		ange	L Addition
NAME .			3.2 NAME						
STREET ADDRESS		i	3.3 STREE	TADDRES	SS	_ <del></del> .			
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TITLE		ļ		다	ange	Addition
NAME			4. 2 NAME		1				
STREET ADDRESS			4.3 STREE	T ADDRES	is				
CITY-ST-ZIP			44 CITY-9	ST-ZIP					
TITLE			5.1 T/TLE				C	ange	☐ Addition
NAME		1	5.2 NAME				•		}
STREET ADDRESS			5.3 STREE	TADDRES	s				ļ
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP					
TITLE	DELETE 6.11		6.1 TITLE				Cr	ange	Addition
NAME ;			6.2 NAME						ł

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP