## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



ELORIDA DEPARTMENT DE STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000089279

1. Corporation Name

UNIVERSAL HOSPITALITY, INC.

Principal	Place	of	Business

Mailing Address

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90044 041 \*\*\*150.00



1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024  1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024		ļ		DO NOT WRITE IN THIS SPACE					
				[	3. Date Incorporated or Qualifed				
				\	10/20/1998				
Principal Place of Business     2a. Mailing Address					4. FEI Number	_ [	Applied For		
	26	26			65-0879390		Not Applicable		
etc.	Suite, Ap	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
	City & St	ate			_6_Election:Campaign Financing = Trust Fund Contribution		00 May Be		
Country	Zip	Zip Country			8. This corporation owes the current year Intangible				
25	29	30			Personal Property Tax.	X	□No		
24 25 29 30  9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Douglas M. Kennedy						
			82 Street Address (P.O. Box Number is Not Acceptable)						
			83 1601 N. Palm Avenue #211						
				Pembroke Pines FL 85 Zip Code 33026					
stered agent, or both, in the State armiliar with and accept the obline	te of Florida. Such c gations of Section 6	hange was authorized 07.0505, Florida Stati	bove- by thutes.	named corporation	ration submits this statement for the purpose of 's board of directors. I hereby accept the appo	changin intment a	g its registered as registered		
					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
	Country  25  D. Name and Address of Curre  RATION SERVICE COMPANAYS STREET  IASSEE FL 32301-2525  the provisions of Sections 607.01  stered agent, or both, in the Statement agent, or both, in the Statement armiliar with and accept the obligations.	PEMBROKE P  PEMBROKE P  2a. Mailing A  26  Stc. Suite, Ap  27  City & St  28  Country Zip  25  29  A Name and Address of Current Registered Age  RATION SERVICE COMPANY  AYS STREET  IASSEE FL 32301-2525  The provisions of Sections 607.0502 and 607.1508, F  Instered agent, or both in the State of Florida, Such of	PEMBROKE PINES FL 33024  PEMBROKE PINES FL 330	PEMBROKE PINES FL 33024  Pembroke Pines FL 330	PEMBROKE PINES FL 33024  Pembroke Pines FL 330	PEMBROKE PINES FL 33024  DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed 10/20/1998  4. FEI Number 65-0879390  Stite.  Suite, Apt. #, etc. 27  City & State 28  Country 29  30  Personal Property Tax.  Name and Address of Current Registered Agent  PAYS STREET  IASSEE FL 32301-2525  B. Name Applicable.  RATION SERVICE COMPANY AYS STREET  The provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoarmiliar withry and accept the obligations of Section 607.0505, Florida Statutes.  DOUGLAS M. Kennedy  10. Name and Address of New Registered  81  10. Name and Address of New Registered  82  Street Address (P.O. Box Number is Not Acceptable)  83  1601 N. Palm Avenue #211  84  City Pembroke Pines  FL  Such change was authorized by the corporation submits this statement for the purpose of stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoarmiliar withry and accept the obligations of Section 607.0505, Florida Statutes.  Douglas M. Kennedy  NOTE: Registered Appent signature required even reinstating)  DATE	PEMBROKE PINES FL 33024  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/20/1998  4. FEI Number 6.5—0.8.79.3.9.0  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  City & State  City & State  28  Country  Zip  Country  Zip  Country  Abdeed  Country  Zip  Country  B. This corporation owes the current year Intangible Personal Property Tax.  City Yes  AVS STREET  RATION SERVICE COMPANY AYS STREET  IASSEE FL 32301-2525  B. Name and Address of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment author without accept the obligations of Sections 607.0505, Florida Statutes.  Note:  Acceptable  Douglas M. Kennedy  Street Address (P.O. Box Number is Not Acceptable)  Reprovisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment aumiliar writter and accept the obligations of Section 607.0505, Florida Statutes.  Douglas M. Kennedy  Acceptable  Douglas M. Kennedy  Represented Agent suppation's board of directors. I hereby accept the appointment aumiliar writter on accept the obligations of Section 607.0505, Florida Statutes.  Douglas M. Kennedy  Represented Agent suppation required when reinestating)  DOUGL Represented Agent suppation required when reinestating)		

Change ☐ Addition DELETE 1.1 TITLE P.D Adam Bershad 1.2 NAME BERSHAD, ADAM NAME 3145 N.E. 184th Street 1.3 STREET ADDRESS 1152 NORTH UNIVERSITY DRIVE STREET ADDRESS Aventura, Florida 33160 CITY-ST-ZIP PEMBROKE PINES FL 33024 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE 2.2 NAME Terry M. Hampton NAME 2.3 STREET ADDRESS 11460 N.W. 8th Street STREET ADDRESS Plantation, FL - 33325 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE S.D 3.2 NAME Douglas M. Kennedy NAME 4011 Buchanan Street 3.3 STREET ADDRESS STREET ADDRESS 33021 Hollywood, Florida 3.4. CITY-ST-ZIP C/TY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

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

SIGNATURE:

CITY-ST-ZIP

R Douglas M. Kenn edy,