

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-26-1999 90044 041 ***150.00

DOCUMENT # P98000089279

1. Corporation Name
UNIVERSAL HOSPITALITY, INC.

Principal Place of Business
1152 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address
1152 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1998

4. FEI Number

65-0879390

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election: Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

Douglas M. Kennedy

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

83 1601 N. Palm Avenue #211

84 City

Pembroke Pines

FL

85 Zip Code
33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Douglas M. Kennedy
Signature, typed or printed name of registered agent and title if applicable.

Douglas M. Kennedy

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BERSHAD, ADAM
STREET ADDRESS 1152 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP PEMBROKE PINES FL 33024

1.1 TITLE P,D ☒ Change ☐ Addition
1.2 NAME Adam Berishad
1.3 STREET ADDRESS 3145 N.E. 184th Street
1.4 CITY-ST-ZIP Aventura, Florida 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VP,D ☐ Change ☒ Addition
2.2 NAME Terry M. Hampton
2.3 STREET ADDRESS 11460 N.W. 8th Street
2.4 CITY-ST-ZIP Plantation, FL 33325

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S,D ☐ Change ☒ Addition
3.2 NAME Douglas M. Kennedy
3.3 STREET ADDRESS 4011 Buchanan Street
3.4 CITY-ST-ZIP Hollywood, Florida 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas M. Kennedy

Douglas M. Kennedy, Secretary

Date

2/16/99

Daytime Phone #

954 432-7301

CR2E034 (11/98)