2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000089279 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** UNIVERSAL HOSPITALITY, INC. 03-30-2000 90039 044 ***150.00 Mailing Address Principal Place of Business 1152 NORTH UNIVERSITY DRIVE 1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024-5031 PEMBROKE PINES FL 33024 3. Mailing Address 2. Principal Place of Business SAME DO NOT WRITE IN THIS SPACE Suite Ant. #. etc 07 Applied For City & State City & State 4. FFI Number 65-0879390 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENNEDY, DOUGLAS M Street Address (P.O. Box Number is Not Acceptable) 1601 N. PALM AVENUE #211 PEMBROKE PINES FL 33026 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS PRESIDENT Addition ☐ Delete 4 DAM BERSHAD BERSHAD, ADAM 1380 HARBORVIOW WEST 3145 N.E. 184TH STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FC 330/9 **AVENTURA FL 33160** ☐ Addition ☐ Change Delete TITLE HAMPTON, TERRY M NAME STREET ADDRESS 11460 N.W. 8TH STREET CITY-ST-ZIP **PLANTATION FL 33325**

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Addition TITLE TITLE KENNEDY, DOUGLAS M NAME **4011 BUCHANAN STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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.

SIGNATURE:

AN AM BERSHE

PURSIDENT

123/00

305-868-0181

Daytime Phone #