2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90363 045 ***150.00

A0070906

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000089279

1. Entity Name

UNIVERSAL HOSPITALITY, INC.

Principal Place of Business	Mailing Address
1005 KANE CONCOURSE #207 BAY HARBOR ISLANDS, FL 33154	

2. Principal Place of Business	3. Mailing Address
1005 KANE CONCOURSE	~~1005 KANE CON~~
Suite, Apt. #, etc. 207	Suite, Apt. #, etc.
City & State BAY HARBOR ISLANDS, FL	City & State
Zip 33154 Country USA	Zip Country

4. FEI Number 65-0879390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAME	Name ADAM BERSHAD Street Address (P.O. Box Number is Not Acceptable) 1005 KANE CONCOURSE #207 City BAY HARBOR ISLANDS **FL** Zip Code 33154

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ ADAM BERSHAD, President 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ADAM BERSHAD 1380 Harborview West Hollywood, FL 33019	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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: _____ ADAM BERSHAD 4/24/01 305-868-0481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)