

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090738

1. Entity Name

HOSPITALITY 101 CLUB MANAGEMENT & CONSULTANTS, I

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90007 036 ***150.00

Principal Place of Business

Mailing Address

8280 S.W. 24TH STREET
 SUITE #110
 NORTH LAUDERDALE FL 33068

8280 S.W. 24TH STREET
 SUITE #110
 NORTH LAUDERDALE FL 33068-5189

2. Principal Place of Business

3808 N.W. 73 WAY
 Suite, Apt. #, etc.

3. Mailing Address

3808 N.W. 73 WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

31-1634957

Applied For

Not Applicable

Zip

Country

33065

USA

Zip

Country

33065

USA

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

DORFMANN, IRVING
 8280 S.W. 24TH STREET
 SUITE #110
 NORTH LAUDERDALE FL 33068

Name

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

City

FL

Zip Code

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

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, 2000 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
 PTS
 CAPRIO, ROBERT L
 8280 S.W. 24TH STREET SUITE 110
 NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 3808 N.W. 73 WAY
 Coral Springs, FL 33065 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVTD
 CAPRIO, ROBERT L
 8280 S.W. 24TH STREET SUITE 110
 NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 3808 N.W. 73 WAY
 Coral Springs, FL 33065 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 CAPRIO, BETH S
 8280 S.W. 24TH STREET SUITE 110
 NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 3808 N.W. 73 WAY
 CORAL SPRINGS, FL 33065 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-85-00

Date

954-248-2582

Daytime Phone #