

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021469

1. Entity Name

5 STAR MOTEL INVESTMENTS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90034 011 ***150.00

Principal Place of Business

Mailing Address

C/O MARTY PATRICK, ESQ.
 1141 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154

C/O MARTY PATRICK, ESQ.
 1141 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154-2012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5 STARMOTE INVESTMENTS INC.

5 STARMOTE INVESTMENTS INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8797 20th STREET

8797 20th STREET

City & State

City & State

VERIBeach FLORIDA

VERIBeach

Zip

Country

Zip

Country

32966

INDIAN RIVER

32966

INDIAN RIVER

4. FEI Number

59-3568578

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

Name

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

City

FL

Zip Code

PATRICK, MARTY ESQ
 1141 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 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

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 ☐ Delete
 NAME D
 STREET ADDRESS SHUKLA, SURESH
 CITY-ST-ZIP 1141 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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: *Suresh Shukla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 561-567-8321

Date

Daytime Phone #

CR2E034 (9/99)