

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90013 004 ***150.00

DOCUMENT # P99000025821
1. Entity Name
Hospitality DWS INC.
Principal Place of Business Mailing Address

2. Principal Place of Business		3. Mailing Address	
3701 Bayview Dr.		3701 Bayview Dr.	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
A		A	
City & State		City & State	
FT land FL		FT land FL	
Zip	Country	Zip	Country
33306	Broward	33306	Broward
4. Name and Address of Current Registered Agent			

4. FEI Number		Applied For
65-0909483		Not Applicable

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

7. Name and Address of New Registered Agent _____

8. Name and Address of Current Registered Agent

GRAY GATES
3201 Bayview Dr. Ft Lauderdale
33306

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] DATE _____

Subscribed and sworn to before me on _____ at _____, Florida.

(NOTE: Registered Agent's signature required when submitting.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	10. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PRESIDENT GARY GATES 3201 Bayview Dr. Ft Lauderdale FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TITLE OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR