

02-03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -4 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *Corporate Executive*
1. Entity Name *suites 441 Inc*



P99000056084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1900 Corporate Blvd

3. Mailing Address
Same

Suite, Apt. #, etc.
400 E

Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State

Zip
33431

Country
USA

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Jonathan Bloom, ESQ

Street Address (P.O. Box Number is Not Acceptable)
2295 NW Corporate Blvd
#117

City
Boca Raton FL Zip Code
33431

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE *3/28/03*

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Yoran Gabel
1900 Corporate Blvd, # 400 E
Boca Raton FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Henry Gabel
1900 Corporate Blvd, # 400 E
Boca Raton FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Dave ZIMMET
1900 Corporate Blvd # 400 E
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 *561 988 2500*
Date Daytime Phone #

CR030348 (12/02)