

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90240 035 ***158.75

DOCUMENT # P99000056137

1. Entity Name
KURO HOTELS, INC.



Principal Place of Business
**882 PARK STREET SOUTH
SOUTH PASADENA FL 33707**

Mailing Address
**882 PARK STREET SOUTH
SOUTH PASADENA FL 33707**

30041003



2. Principal Place of Business

5575 GULF BLVD

3. Mailing Address

5575 GULF BLVD

Suite, Apt. #, etc.

527

Suite, Apt. #, etc.

527

City & State

ST. PETE BEACH FLORIDA

City & State

ST. PETE BEACH FLORIDA

Zip

33706

Country

USA

Zip

33704

Country

USA

4. FEI Number

59-3730197

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYERS, ROBERT J
1135 PASADENA AVENUE SOUTH
SUITE 140
ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
**PTSD
KUBICK, MICHAEL A
882 PARK STREET SOUTH
SOUTH PASADENA FL 33707**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED 2/1/03

727-363-1779

Date

Daytime Phone #

CR2E034 (10/02)