200T UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000073581 1. Entity Name ACOREANO MOTEL-HOTEL, INC. 04-23-2001 90199 016 ***150.00 Principal Place of Business Mailing Address 7561 MADEIRA ST 7561 MADEIRA ST MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address 12717 SW 24 Street 12717 SW 24 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0942702 EL Miramar Miramar Not Applicable Country Country \$8.75 Additional П 55027 Certificate of Status Desired USA 33027 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOSWORTH, ALLEN Street Address (P.O. Box Number is Not Acceptable) 507 SE 11TH CT FT LAUDERDALE FL 33316 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change TITLE ☐ Delete NAME BETTENCOURT, AGOSTINO V Sw 24 Street STREET ADDRESS 7561 MADEIRA ST - (29 い STREET ADDRESS FL 33027 CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 Miramer, ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BETTENCOURT, JOSE V NAME 6736 PANSY DRIVE 12978 SW 26 Street STREET ADDRESS STREET ADDRESS Miramar, FL 33027 CITY-ST-7IP CITY-ST-ZIP ____ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition