

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90107 019 ***150.00

DOCUMENT # P99000085314

1. Entity Name
BETSY ROSS HOTEL CORP.



Principal Place of Business
**1440 OCEAN DRIVE
MIAMI FL 33139
US**

Mailing Address
**1440 OCEAN DRIVE
MIAMI FL 33139
US**



2. Principal Place of Business
1440 Ocean Drive

3. Mailing Address
1440 Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach FL 33139

City & State
Miami Beach FL

4. FEI Number
65-0959300

Applied For
Not Applicable

Zip Country
USA

Zip Country
33139 USA

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

6. Name and Address of Current Registered Agent

**VILA, OSCAR J
1440 OCEAN DRIVE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
FREDERIC M. BARTHE, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2455 East Sunrise Blvd., Ste. 602
City **Fort Lauderdale** **FL** Zip Code **33304**

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 **PD** ☐ Delete
NAME **PENABAD, NOVEL**
STREET ADDRESS **1440 OCEAN DRIVE**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE **SD** ☒ Delete
NAME **VILA, OSCAR J**
STREET ADDRESS **1440 OCEAN DRIVE**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **SD** ☒ Change ☐ Addition
NAME **CELIA, SALVATORE**
STREET ADDRESS **1440 OCEAN DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

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

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

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

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 all other like empowered.

SIGNATURE: SALVATORE CELIA REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 305-531-3934

Date Daytime Phone #

CR2E034 (10/02)