

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2002 8:00 am  
Secretary of State

02-08-2002 90007 023 \*\*\*150.00

DOCUMENT # P99000086858

1. Entity Name

A.R. HOTELS II, INC.

Principal Place of Business

Mailing Address

~~5353 CONROY RD SUITE 200~~ SUPER 8  
~~ORLANDO FL 32811~~  
13260 34th St N  
CLEARWATER, FL 33762

~~5353 CONROY RD SUITE 200~~  
~~ORLANDO FL 32811~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SUPER 8 MOTEL

— SAME —

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13260 34th St N

CLEARWATER, FL

City & State

4. FEI Number

59-3602165

Applied For

Not Applicable

Zip  
33762

Country  
PINELLAS

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, BHAGVANJI M  
5353 CONROY RD SUITE 200  
ORLANDO FL 32811

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

*Bmk Patel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, BHAGVANJI M <del>5353 CONROY RD SUITE 200</del> <del>ORLANDO FL 32811</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUPER 8 MOTEL 13260 34th St N CLEARWATER, FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Bmk Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2002

Date

727-572-8881

Daytime Phone #

CR2E034 (9/01)