

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90359 034 ***150.00

DOCUMENT # P99000096696

1. Entity Name
CANADA AVENUE HOTELS, INC.



Principal Place of Business
**9986 NW 64TH CRT
PARKLAND FL 33076**

Mailing Address
**9986 NW 64TH CRT
PARKLAND FL 33076**

2. Principal Place of Business

3700 NE 28th Ave

3. Mailing Address

3700 NE 28th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

Zip
33064

Country

Zip
33064

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2212088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 **D** ☐ Delete
NAME **VILARDO, RICHARD**
STREET ADDRESS **13217 RIDGE DR.**
CITY-ST-ZIP **ROCKVILLE MD 20850**

TITLE **D** ☐ Delete
NAME **FRANKLIN, RONALD**
STREET ADDRESS **9986 N.W. 64TH CT.**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE **D** ☐ Delete
NAME **CHIRA, LEE**
STREET ADDRESS **3300 S. HIAWASSEE RD., STE. 107**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete
NAME **DEMETREE, MARY**
STREET ADDRESS **3348 EDGEWATER DR.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete
NAME **MORGAN, JOHN**
STREET ADDRESS **1520 WHITSTABLE CIR.**
CITY-ST-ZIP **HEATHROW FL 32746**

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 ☒ Change ☐ Addition
NAME **3700 NE 28th Ave address**
STREET ADDRESS **Lighthouse Point, FL 33064**
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

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:

Monty H. Hightower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03

CR2E034 (10/02)