

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90091 004 ***550.00

DOCUMENT # P99000097807

1. Entity Name
HOTEL VIP CONSULTANTS, INC.

Principal Place of Business
**1111 BRICKELL DAY DRIVE
 SUITE 2008
 MIAMI FL 33131**

Mailing Address
**1111 BRICKELL DAY DRIVE
 SUITE 2008
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3669 Poinciana Ave
 Suite, Apt. #, etc.
#1

3. Mailing Address
3669 Poinciana Ave
 Suite, Apt. #, etc.
#1

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number Applied For
 Not Applicable

Zip Country
33133 U.S.A.

Zip Country
33133 U.S.A.

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

6. Name and Address of Current Registered Agent

**PADBERG, MIRIAM
 1111 BRICKELL DAY DRIVE
 SUITE 2008
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Miriam Padberg**

Street Address (P.O. Box Number is Not Acceptable)
3669 Poinciana Ave #1

City **Miami** **FL** Zip Code **33133**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08/03/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	PADBERG, MIRIAM	1111 BRICKELL DAY DRIVE	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Miriam Padberg	3669 Poinciana Ave #1	Miami FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/03/00 **(305) 299-0686**

Date Daytime Phone #

CR2E034 (5/00)