2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000097807 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name HOTEL VIP CONSULTANTS, INC. 08-08-2000 90091 004 ***550.00 Principal Place of Business Mailing Address 1111 BRICKELL DAY DRIVE 1111 BRICKELL DAY DRIVE **SUITE 2008** SUITE 2008 **MIAMI FL 33131** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 669 Poinciana Alb Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. City & State City & State 4. FEI Number Applied For Not Applicable lanı Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PADBERG, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL DAY DRIVE **SUITE 2008 MIAMI FL 33131** 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) d title if anolicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11, 12 ☐ Addition **PSD** TITLE Presiden ☐ Delete PADBERG, MIRIAM Hiriam Hadberg NAME NAME STREET ADDRESS 3669 Poinciana Ave *1 4*± STREET ADDRESS 1111 BRICKELL DAY DRIVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition TITLE Delete TITLE ☐ Change 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 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: