04/17/00 05:55 FAX 954 4302866 BONILLA & ASSOCS

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90191 038 ***150.00

L00/30??

DOCUMENT # P99000104026

1. Entity Name

HOSPI-TEL, CORP.

Principal Place of Business

9055 N.W. 84th PLACE
.IAMI FL. 33015

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same as Above	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0961822 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANTONIO J. JAOUEZ
19055 N.W. 84th PLACE
MIAMI FL. 33015

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.

SIGNATURE ________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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... After MAY 1, 2000 Fee will be ... Make Check Payable to Department ...

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	PRESIDENT ANTONIO J. JAOUEZ 19055 NW 84 PLACE ~~MIAMI FL. 33015~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT LORNA NANITA-JAOUEZ 19055 N.W. 84th PLACE ~~MIAMI, FL. 33015~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] ANTONIO JAQUEZ 4/17/2000 305-607-7807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #