## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000107527

1. Entity Name

ORLANDO HOSPITALITY GROUP, INC.

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## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90688 029 \*\*\*150.00

Principal Place of Business 3330 WEST COLONIAL DR ORLANDO FL 32908			Mailing Address 3330 WEST COLONIAL DR ORLANDO FL 32808									
2. Principal Pl	lace of Busi	ness	3. Maili	3. Mailing Address								
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	<del></del>		City	City & State			<b>4.</b> F		I Number <b>59-3614188</b>		_ <del>  </del>	oplied For
Zip		Country	Zip		Cour	ntry		<b>5.</b> Ce	rtificate of Status Desired		\$8.75 Add	ditional
	6. Name				7. Na	me and Address of New F	Registered A	gent				
		e fra mercen and the	-	-		Name -		<b>~</b> - :-±	. * •	_		:
ATLI, M. KEMAL 3330 WEST COLONIAL DR						Street A	ddress (P.C	D. Box	Number is Not Acceptable	9)		
ORLANDO	FL 32808										····	
V						0					7: 0:	<u> </u>
						City				FŁ	Zip Cod	е
		y submits this statement fo tered agent.	r the purpo	ose of changing its	register	ed office or	registered	agen	t, or both, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE _												
	Signature, typed	or printed name of registered agent a	and title if appli	cable. (NOTE	: Registere	ed Agent signatu	are required who	en reins	tating)	DATE		
After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State						Election Campaign Fir Trust Fund Contribution			May Be to Fees
10.								ADDI	TIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
IAME TREET ADDRESS		KEMAL ST COLONIAL DR PFL 32808		☐ Delete							☐ Change	Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		~		☐ Delete		-	2 - 92 - <del>1</del>		The second secon		☐ Change	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			`	☐ Delete				W			☐ Change	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP				☐ Delete	•						Change	☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP				☐ Delete							☐ Change	Addition
indicated of of the corp	on this repor poration or th	t or supplemental report is	true and a wered to e	ccurate and that m xecute this report a	y signat	ture shall ha	ave the sam	ne leg	9.07(3)(i), Florida Statutes. al effect as if made under o Statutes; and that my name	oath; that I ar	n an officer	or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

il Atli

01.10.2003

407 299 671

Daytime Phone