Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90208 047 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111169

MIAMI FL 33131

MDM HOSPITALITY SERVICES, INC.

Principal Place of Business 1000 BRICKELL AVE #480

Mailing Address

1000 BRICKELL AVE #480 MIAMI FL 33131

2. Principal Place of	Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					

					OO NOT WOITE IN THIS SPACE					
Suite, Apt. #, etc.	ite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State	City & State		4. FEI Number 65-0973634			Ap	plied For	
		Only & Otate						No	t Applicable	
Zip	Country	Žip	Coun	ntry	5 Contificate of Status Decired \$8.75 AC		8.75 Add			
	Name and Address of Curren	t Registered Agent		<u> </u>	7. 1	lame and Address of New Regi	stered A	gent		
	Maine and Address of Corren	t riegisteree rigent		Name	-				_	
PENA, CELESTINO ESQ				Street Address (P.O. Box Number is Not Acceptable)						
	KELL AVE #480									
MIAMI FL :	33131			ļ				_	_	
				City			FL	Zip Cod	е	
								<u> </u>		
8. The above name	d entity submits this statement t	for the purpose of char	nging its register	ed office or registe	red ag	ent, or both, in the State of Florid	а.			
SIGNATURE			_				DATE			
Signatur	re, typed or printed name of registered ager	nt and title if applicable	(NOTE: Registere	ed Agent signature require	ed when re	einstating)	DATE			
9 This corporation	is eligible to satisfy its Intangib	le FILE	NOW!!! FEE	IS \$150.00		10. Election Campaign Finan	cina	6 E (0 May Be	
	ment and elects to do so.		AY 1, 2000 Fee	will be \$550.00		Trust Fund Contribution.	a 🗆		to Fees	
(See criteria on b	oack)	Make Chec	k Payable to D	epartment of St	ate					
11.	OFFICERS ANI	D DIRECTORS	12.		ĀĒ	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE		Del	lete TiTL	E Pre	esid	lent		☐ Change	X Addition	
NAME			NAM	Æ Lui	s A	Alfredo Pulenta				
STREET ADDRESS			STR	EET ADDRESS 100)O E	Brickell Avenue	, #4	80		
CITY-ST-ZIP			CITY	y-St-ZIP Mi a	ami,	, FL 33131				
TITLE		☐ De	lete TITL	. Vic	ce E	President		☐ Change	★ Addition	
NAME			NAN	Æ Ric	card	lo Glas				
STREET ADDRESS			STR	EET ADDRESS 100	00 E	Brickell Avenue	, #4	80		
CITY-ST-ZIP			cin	Y-ST-ZIP │ Mì a	ami,	FL 33131				
TITLE		De	elete TITL	E Tre	easi	irer		☐ Change	X Addition	
NAME			NAM	ME Ale	jar	dro Jerêz				
STREET ADDRESS						rickell Avenue		80.		
CITY-ST-ZIP			CITY			FL 33131				
TITLE		De	elete TITI	E Sec	cret	ary		☐ Change	X Addition	
NAME			NAM	ME JOS	se N	Monros				
STREET ADDRESS			•			Brickell Avenue	, #4	80		
CITY-ST-ZIP			CIT	Y-ST-ZIP Mia	ami,	, FL 33131				
TITLE			elete TITE	LE				☐ Change	☐ Addition	
NAME			NAF	ME						
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP			CIT	Y-ST-ZIP						
TITLE		☐ De	elete Tift	LÉ		•		☐ Change	Addition	
NAME			NAI	ME						
STREET ADDRESS			STF	REET ADDRESS						

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP