2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # S14445 1. Entity Name BANWICKMEN HOSPITALITY MANAGEMENT, INC. 05-27-2002 90300 039 ***158.75 Mailing Address Principal Place of Business 2500 NW 55TH CT 2500 NW 55TH CT STE 210 STF 210 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0304913 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANGERTER, PHILLIP W. Street Address (P.O. Box Number is Not Acceptable) 2500 NW 55TH COURT SUITE 210 Zip Code FORT LAUDERDALE FL 33309 FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE TITLE NAME BANGERTER, PHILLIP W. NAME STREET ADDRESS 614 FIFTH KEY DR STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete D۷ NAME HICKMAN, RANDAL D. NAME STREET ADDRESS 617 FIFTH KEY DR STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Addition Delete ____ TITLE TITLE WINN, GREGORY M. NAME NAME STREET ADDRESS STREET ADDRESS 617 FIFTH KEY DR CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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

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 given like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BANGERTOR, Sec. Tress 5/1/02

Daytime Phone #

FILED