## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 08, 2002 8:00 am Secretary of State DOCUMENT # S74253 1. Entity Name FLORIDA HOSPITALITY SERVICES, INC. 05-08-2002 90004 031 \*\*\*150.00 Principal Place of Business Mailing Address 50! E. CAMINO REAL PO BOX 5025 BOCA RATON FL 33432-6127 CORPORATE OFFICES BOCA RATON FL 33-4321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0301371 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVENUE, 28TH FLOOR **MIAMI FL 33131** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE XX Delete TITLE Addition GLENNIE, MICHAEL F NAME NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME ROCHON, RICHARD C NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME PIERCE, WILLIAM W NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DAURIA, STEVEN M NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HANDLEY, RICHARD L NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Delete TITLE XX Addition NAME NAME Feder, David S. STREET ADDRESS STREET ADDRESS 501 E.Camino Real

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 supply frental 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 of the corporation of the receiver of the corporation of the corporation of the receiver of the r SIGNATURE: /

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TORE RECUESTEVEN M. Dauria SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Boca Raton, FL 33432

561-447-5300