

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90298 012 ***150.00

0176599 AV

DOCUMENT # V25142 1. Entity Name CARIBBEAN HOSPITALITY SERVICES, INC.			
Principal Place of Business 5340 NO. FEDERAL HWY SUITE 205 LIGHTHOUSE POINT FL 33064 US		Mailing Address 5340 NO. FEDERAL HWY SUITE 205 LIGHTHOUSE POINT FL 33064 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0330229		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
OTTINGER, JACK W 5340 NO FEDERAL HWY SUITE 205 LIGHTHOUSE POINT FL 33064	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 _____

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. • (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	DP OTTINGER, JACK W 5340 NO FEDERAL HWY., SUITE 205 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	DST OTTINGER, DEBORH D 5340 NORTH FEDERAL HIGHWAY, #205 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CP2FN34 (9/01)