

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40468

1. Entity Name

TPE HOTELS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90007 019 ***150.00

Principal Place of Business

2261 E. IRLO BRONSON
SUITE A
KISSIMMEE FL 34744
US

Mailing Address

9171 RIDGE PINE TRAIL
SUITE A
ORLANDO FL 32819-4821
US

2. Principal Place of Business

3. Mailing Address

2261 E. IRLO BRONSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE, FL

Zip

Country

Zip

34744

Country

OSCEOLA

4. FEI Number

59-3124678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIVINE, RUSSELL W
28 WEST CENTRAL BOULEVARD
STE. 260
ORLANDO FL 32801

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
KASSAM, ISSA
2261 EAST IRLO BRONSON HWY
KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KASSAM, NASIM
2261 EAST IRLO BRONSON HWY
KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

407-846-2221

Daytime Phone #

CR2E034 (9/99)