## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 08, 2001 8:00 am **DOCUMENT # V41069** Secretary of State 1. Entity Name HOTEL REFERRALS, INC. 03-08-2001 90122 043 \*\*\*150.00 Principal Place of Business Mailing Address 319 CLEMATIS STREET 319 CLEMATIS STREET SUITE 816 00023208 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 US US 2. Principal Place of Business 3. Mailing Address 301 CLEMATIS 301 CLAMATIS Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE STE 3000 STL 3000 City & State City & State 4. FEI Number Applied For 65-0338003 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name BEIGHLEY, BARBARA A. Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS STREET **SUITE 816** 3000 WEST PALM BEACH FL 33401 City West Pain BRACH 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be AfterMAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE BEIGHLEY, BARBARA A. NAME NAME 301 CLAMATIS STREET # 3000 STREET ADDRESS STREET ADDRESS 319 CLEMATIS STREET, SUITE 816 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 WEST PALM BEACH TITLE TITI F ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.