

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90054 002 \*\*\*158.75

DOCUMENT # V41069  
1. Entity Name  
HOTEL REFERRALS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8218 SOUTH ELIZABETH AVE.  
Suite, Apt. #, etc.  
PALM BEACH GARDENS  
City & State  
FLORIDA

3. Mailing Address  
P.O. BOX 30206  
Suite, Apt. #, etc.  
City & State  
PALM BEACH Gdns, FL  
Zip  
33418 Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0338003 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
BARBARA BEIGHLEY

Street Address (P.O. Box Number is Not Acceptable)  
8218 SOUTH ELIZABETH AVENUE

City  
PALM BEACH GARDENS FL Zip Code  
33418

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 Barbara Beighley, (BARBARA BEIGHLEY) DATE April 18, 2002  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT BARBARA BEIGHLEY 8218 SOUTH ELIZABETH AVE PALM BEACH GARDENS, FL 33418</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Beighley, BARBARA BEIGHLEY DATE APRIL 18, 2002 561-622-5222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)