

**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.

3. Mailing Address

P.O. BOX 30206

Suite, Apt. #, etc.

PALM BEACH GARDENS

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

PALM BEACH Gdns, FL

4. FEI Number

65-0338003

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33420

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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

**DO NOT WRITE  
IN THIS SPACE**

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)

APRIL 18, 2002

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  
PRESIDENT  
BARBARA BEIGHLEY  
8218 SOUTH ELIZABETH AVE  
PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

APRIL 18, 2002 561-622-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)