

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43320

1. Entity Name

HOSPITALITY SOLUTIONS INTERNATIONAL, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90176 035 ***150.00

Principal Place of Business 6405 CONGRESS AVE STE 120 BOCA RATON FL 33487 US	Mailing Address 6405 CONGRESS AVE STE 120 BOCA RATON FL 33487-2860 US
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2. Principal Place of Business 3701 FAU BLVD Suite, Apt. #, etc. 200	3. Mailing Address 3701 FAU BLVD Suite, Apt. #, etc. 200
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City & State Boca Raton FL	City & State Boca Raton FL	4. FEI Number 65-0339269	Applied For Not Applicable
Zip 33431	Country US	Zip 33431	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARLSON, JAMES
6405 CONGRESS AVE
STE 120
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name
Brian Holland

Street Address (P.O. Box Number is Not Acceptable)
3701 FAU BLVD

Suite 200

City
Boca Raton FL

Zip Code
33431

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 DATE

(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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, JAMES B 1520 LAKE DR DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBESON, WILLIAM A 821 SW 33 PLACE BOYNTON BCH FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAMISH, WARREN 9273 HARBOR BLVD COSTA MESA CA 92626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPARD, LAWRENCE W. GEO CAPITAL PARTNERS FT. LEE NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, MICHAEL E. 15TH STREET FISHCRIES FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYSE, DOUGLAS 15721 N GREENWAY-HAYDEW LOOP, STE 101 SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Holland 3701 FAU BLVD Suite 200 Boca Raton FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIC BLUM 101 Greenwood Ave Suite 600 Leakentown PA 19046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Zusmer 15721 N Greenway Hayden Loop Ste 101 Scottsdale AZ 85260	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(j), 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: DATE: 4/26/00 DAYTIME PHONE #: 562-241-9978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR