### 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L17057

Entity Name: 40 HOTEL CORP.

#### Current Principal Place of Business:

54 STATE STREET SUITE 800 ALBANY, NY 12207

## **Current Mailing Address:**

54 STATE STREET SUITE 800 ALBANY, NY 12207 US

### FEI Number: 58-1862312

### Name and Address of Current Registered Agent:

ZIPES, RICHARD D 908 SW 7TH STREET FORT LAUDERDALE, FL 33315 US

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:

Electronic Signature of Registered Agent

### Officer/Director Detail :

| Title           | PD                           | Title           | VST                          |
|-----------------|------------------------------|-----------------|------------------------------|
| Name            | ZIPES, RICHARD D.            | Name            | SWAWITE, DAVID               |
| Address         | 54 STATE STREET<br>SUITE 800 | Address         | 54 STATE STREET<br>SUITE 800 |
| City-State-Zip: | ALBANY NY 12207              | City-State-Zip: | ALBANY NY 12207              |
|                 |                              |                 |                              |
| Title           | OFFICER                      |                 |                              |
| Title<br>Name   | OFFICER<br>SWAWITE, DAVID    |                 |                              |
|                 |                              |                 |                              |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: I. DAVID SWAWITE

Electronic Signature of Signing Officer/Director Detail

OFFICER

#### 02/25/2020

Date

# FILED Feb 25, 2020 Secretary of State 0061535733CC

Certificate of Status Desired: No

Date