

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90135 026 ***150.00

DOCUMENT # F95000003570

1. Entity Name
WORLD VACATION TRAVEL LIMITED, INC.

Principal Place of Business 520 BRICKELL KEY DR. SUITE 203 MIAMI FL 33131	Mailing Address 520 BRICKELL KEY DR. SUITE 203 MIAMI FL 33131-2607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8725 NW 18th Terr.

Suite, Apt. #, etc.
301

City & State
MIAMI FL

Zip
33172 Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0631029**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	BRICKER, WILLIAM L JR.	
STREET ADDRESS	101 PARK AVE., 35TH FL.	
CITY-ST-ZIP	NEW YORK NY 10178	
TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LOURDES	
STREET ADDRESS	520 BRICKELL KEY DRIVE, STE 204	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOMEZ, DOLORES	
STREET ADDRESS	520 BRICKELL KEY DRIVE, STE 204	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lourdes Rodriguez

4/24/00

305.416-6563

CR2E034 (9/99)