

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J79864**

1. Entity Name

DIAL SWITZERLAND INSTANT RESERVATIONS INC.

Principal Place of Business

**8362 PINES BLVD. STE 341
PEMBROKE PINES FL 33024**

Mailing Address

**8362 PINES BLVD. STE 341
PEMBROKE PINES FL 33024**

2. Principal Place of Business

8362 PINES BLVD

Suite/Apt. #, etc.

341

3. Mailing Address

8362 PINES BLVD

Suite/Apt. #, etc.

341

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES

Zip

FL

Country

33024

Zip

FL

Country

33024

4. FEI Number

65-0004491

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

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 **DPCT** ☐ Delete
NAME **EPSTEIN, BARUCH B**
STREET ADDRESS **8362 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **EPSTEIN, ZOHARA**
STREET ADDRESS **8362 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90001 038 ***158.75

C0061863

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)