

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 01, 2003 8:00 am
Secretary of State

0113052
AV

05-01-2003 90373 009 ***150.00

DOCUMENT # P00000101097

1. Entity Name
BRACOL STYLE OF VACATION CO.



| | |
|--|--|
| Principal Place of Business 6825 VISTORS CIRCLE HOTEL CONTINENTAL PLAZA ORLANDO FL 32819 | Mailing Address 6825 VISTORS CIRCLE HOTEL CONTINENTAL PLAZA ORLANDO FL 32819 |
|--|--|



| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

CHECK HERE IF MAKING CHANGES

| | | | |
|-------------------------|-------------------------|---------------------------------|---|
| City & State | City & State | 4. FEI Number 59-3679255 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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

6. Name and Address of Current Registered Agent

TORO, RUBEN D
7345 SAND LAKE ROAD
SUITE 201
ORLANDO FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|---|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | PEREIRA, ROSANA |
| STREET ADDRESS | 4419 S. KIRKMAN APT #202 |
| CITY-ST-ZIP | ORLANDO FL 32811 |
| TITLE | V <input checked="" type="checkbox"/> Delete |
| NAME | ASTRAUSKAS, LUCIA I |
| STREET ADDRESS | 1807 GOOD HOMES RD |
| CITY-ST-ZIP | ORLANDO FL 32818 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | PEREIRA, ROSANA. |
| STREET ADDRESS | 4419 S. KIRKMAN APT #202 |
| CITY-ST-ZIP | ORLANDO FL 32811 |
| TITLE | T <input checked="" type="checkbox"/> Delete |
| NAME | ASTRAUSKAS, VUCIA |
| STREET ADDRESS | 1807 GOOD HOMES RD. |
| CITY-ST-ZIP | ORLANDO FL 32818 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE *[Signature]* **03-11-03 - (407) 226729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)