

**FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 10, 2002 8:00 am
Secretary of State**

05-10-2002 90055 025 ***150.00

DOCUMENT # P01000033190
1. Entity Name
 Excursions By Lane Venture, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1855 Griffin Rd. Suite, Apt. #, etc. Suite A-318 City & State Dania, FL Zip 33004-2240 Country		3. Mailing Address 2419 Le Jeune Rd. Suite, Apt. #, etc. City & State Coral Gables, FL Zip 33134-5804 Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1092481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Santamarina, Raul
Street Address (P.O. Box Number is Not Acceptable) 9411 S.W. 55th St.
City Miami
State FL
Zip Code 33165

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) <input checked="" type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 D/P	NAME Santamarina, Raul	TITLE	NAME
STREET ADDRESS 9411 S.W. 55th St.	CITY - ST - ZIP Miami, FL 33165	STREET ADDRESS	CITY - ST - ZIP
TITLE D/VP	NAME Santamarina, Maria	TITLE	NAME
STREET ADDRESS 9411 S.W. 55th St.	CITY - ST - ZIP Miami, FL 33165	STREET ADDRESS	CITY - ST - ZIP
TITLE D/S/T	NAME Garcia, Celia	TITLE	NAME
STREET ADDRESS 9340 S.W. 54th St.	CITY - ST - ZIP Miami, FL 33165	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Maria Santamarina** **305-446-6163**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034B (12/01)