

2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90240 041 ***150.00

DOCUMENT # P01000033190

1. Entity Name
Excursions By Lane Venture, Inc.

DO NOT WRITE IN THIS SPACE

20034159

2. Principal Place of Business 1855 Griffin Rd. Suite, Apt. #, etc. Suite A-318		3. Mailing Address 2419 Le Jeune Rd. Suite, Apt. #, etc.		4. FEI Number 65-1092481		Applied For Not Applicable	
City & State Dania, FL		City & State Coral Gables, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33004-2240	Country USA	Zip 33134-5804	Country USA				

DO NOT WRITE IN THIS SPACE

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

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D/P Santamarina, Raul 9411 S.W. 55th St. Miami, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP Santamarina, Maria 9411 S.W. 55th St. Miami, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Garcia, Celia 9340 S.W. 54th St. Miami, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on any attachment with an address, with all other like empowered.

SIGNATURE: Maria Santamarina Maria Santamarina 4/21/03 305-446-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)