

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90058 021 ***150.00

024128

DOCUMENT # P98000106242

1. Entity Name

CERTIFIED VACATIONS GROUP, INC.

Principal Place of Business

110 E. BROWARD BLVD.
 FORT LAUDERDALE FL 33301

Mailing Address

110 E. BROWARD BLVD.
 FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0832784**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DENNIS D
C/O TRIPP SCOTT
110 S.E. 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301

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, 2001 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	CCD	<input type="checkbox"/> Delete
NAME	EGAN, MICHEAL S	
STREET ADDRESS	110 E BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ALLEN, CELESTE V	
STREET ADDRESS	110 E BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	NORMAN, TRIPP	
STREET ADDRESS	110 E BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	FISHER, ROBERT	
STREET ADDRESS	110 E BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	ARTHUR, ROSALIE	
STREET ADDRESS	110 E BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SEGAUL, ROBIN	
STREET ADDRESS	110 E BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

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		
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STREET ADDRESS		
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:

Norberto Garcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norberto Garcia, Vice Pres.

3/28/01

Date

954-522-1440

Daytime Phone #

CR2E034 (10/00)