

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90218 016 ***150.00

DOCUMENT # 840993

1. Entity Name
JAMAICA RESERVATION SERVICE LIMITED, INC.

Principal Place of Business Mailing Address
3785 NW 82 AVE STE 403 3785 NW 82 AVE STE 403
MIAMI FL 33166 MIAMI FL 33166-6632



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1789086		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GARRETT, MARLENE 1320 S. DIXIE HIGHWAY SUITE 1102 CORAL GABLES FL 33146				Name			
				MARLENE GARRETT			
				Street Address (P.O. Box Number is Not Acceptable)			
				3785 N.W. 82ND AVENUE, #403			
City		State		Zip Code			
MIAMI		FL		33166			

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, JOHN		NAME	GARRETT, MARLENE	
STREET ADDRESS	5-7 DUNROBIN AVENUE		STREET ADDRESS	3707 STARBOARD AVENUE	
CITY-ST-ZIP	KINGSTON 10, JAMAICA		CITY-ST-ZIP	COOPER CITY, FLORIDA	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOLEY, PAUL		NAME	GUNTLEY-BRADY, CAROLE	
STREET ADDRESS	686 HALF MOON STREET		STREET ADDRESS	c/o OFFICE OF THE PRIME MINISTER (TOURISM)	
CITY-ST-ZIP	MONTEGO BAY, ST. JAMES, JAM FL		CITY-ST-ZIP	64 KNUTSFORD BLVD., KINGSTON 5, JAMAICA W.I.	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMEK, ALLEN		NAME	PICKERSGILL, FAY	
STREET ADDRESS	THE ATRIUM 32 TRAFALGAR RD		STREET ADDRESS	c/o JAMAICA TOURIST BOARD	
CITY-ST-ZIP	KINGSTON 10 JA W.I.		CITY-ST-ZIP	64 KNUTSFORD BLVD., KINGSTON 5, JAMAICA W.I.	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBSON, CLIVE		NAME	WOUNG, INGRID	
STREET ADDRESS	5 MONTCLAIR TERRACE		STREET ADDRESS	c/o JAMAICA FAREWELL	
CITY-ST-ZIP	KINGSTON 6, JAMAICA		CITY-ST-ZIP	SANGSTER INTERNATIONAL AIRPORT, MONTEGO BAY, JAMAICA	
TITLE	D	<input type="checkbox"/> Delete	TITLE	KEMEL ALLEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAHAM, NICOLE		NAME	THE ATRIUM, 32 TRAFALGAR ROAD	
STREET ADDRESS	38 WIDCOMBE RD		STREET ADDRESS	KINGSTON 10, JAMAICA W.I.	
CITY-ST-ZIP	KINGSTON 6 JA W.I.		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKSON, KEVIN		NAME		
STREET ADDRESS	C/O COURTLEIGH HOTEL, 85 KNUTSFORD BLVD		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 10 JA		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: Marlene Garrett **3 Feb/00** 305-597-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)