

**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 MIAMI FL 33166**      **3785 NW 82 AVE STE 403 MIAMI FL 33166-6632**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-1789086** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GARRETT, MARLENE**  
**1320 S. DIXIE HIGHWAY**  
**SUITE 1102**  
**CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent  
 Name **MARLENE GARRETT**  
 Street Address (P.O. Box Number is Not Acceptable) **3785 N.W. 82ND AVENUE, #403**  
 City **MIAMI** **FL** Zip Code **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 \_\_\_\_\_ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>COOKE, JOHN</b> <b>5-7 DUNROBIN AVENUE</b> <b>KINGSTON 10, JAMAICA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLOLEY, PAUL</b> <b>686 HALF MOON STREET</b> <b>MONTEGO BAY, ST. JAMES, JAM FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEMEK, ALLEN</b> <b>THE ATRIUM 32 TRAFALGAR RD</b> <b>KINGSTON 10 JA W.I.</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOBSON, CLIVE</b> <b>5 MONTCLAIR TERRACE</b> <b>KINGSTON 6, JAMAICA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRAHAM, NICOLE</b> <b>38 WIDCOMBE RD</b> <b>KINGSTON 6 JA W.I.</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDRICKSON, KEVIN</b> <b>C/O COURTLEIGH HOTEL, 85 KNUTSFORD BLVD</b> <b>KINGSTON 10 JA</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>GARRETT, MARLENE</b> <b>3707 STARBOARD AVENUE</b> <b>COOPER CITY, FLORIDA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>GUNTLEY-BRADY, CAROLE</b> <b>c/o OFFICE OF THE PRIME MINISTER (TOURISM)</b> <b>64 KNUTSFORD BLVD., KINGSTON 5, JAMAICA W.I.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PICKERSGILL, FAY</b> <b>c/o JAMAICA TOURIST BOARD</b> <b>64 KNUTSFORD BLVD., KINGSTON 5, JAMAICA W.I.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>WOUNG, INGRID</b> <b>c/o JAMAICA FAREWELL</b> <b>SANGSTER INTERNATIONAL AIRPORT, MONTEGO BAY, JAMAICA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KEMEL ALLEN</b> <b>THE ATRIUM, 32 TRAFALGAR ROAD</b> <b>KINGSTON 10, JAMAICA W.I.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)