

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90009 011 ***550.00

0051636 AV

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**

00061440



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

4. FEI Number **59-1789086** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARRETT, MARLENE
3785 NW 82ND AVE
#403
MIAMI FL 33166

7. Name and Address of New Registered Agent

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 _____ (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.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	MD <input type="checkbox"/> Delete
NAME	GARRETT, MARLENE
STREET ADDRESS	3707 STARBOARD AVE
CITY-ST-ZIP	COOPER CITY FL
TITLE	D <input type="checkbox"/> Delete
NAME	GUNTLEY-BRADY, CAROLE
STREET ADDRESS	64 KNUTSFORD BLVD
CITY-ST-ZIP	KINGSTON 5 JAMAICA WI
TITLE	D <input type="checkbox"/> Delete
NAME	PICKERSGILL, FAY
STREET ADDRESS	64 KNUTSFORD BLVD
CITY-ST-ZIP	KINGSTON 5, JAMAICA WI
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WOUNG, INGRID
STREET ADDRESS	SANGSTER INTL AIRPORT
CITY-ST-ZIP	MONTEGO BAY, JAMAICA
TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN, KEMEL
STREET ADDRESS	THE ATRIUM 32 TRAFALGAR RD
CITY-ST-ZIP	KINGSTON 10, JAMAICA WI
TITLE	D <input type="checkbox"/> Delete
NAME	HENDRICKSON, KEVIN
STREET ADDRESS	C/O COURTLEIGH HOTEL, 85 KNUTSFORD BLVD
CITY-ST-ZIP	KINGSTON 10 JA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	EXECUTIVE CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN COOKE
STREET ADDRESS	PCJ, 36 TRAFALGAR ROAD
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIVE HOBSON
STREET ADDRESS	TOUR MARKS LTD. 5 LEIGHTON ROAD
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLE BRAHAM
STREET ADDRESS	3B WIDCOMBE ROAD
CITY-ST-ZIP	KINGSTON 6, JAMAICA W.I.
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL SLOLEY
STREET ADDRESS	1 MANGROVE WAY, DB1, MONTEGO BAY
CITY-ST-ZIP	ST. JAMES, JAMAICA W.I.
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	

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* 9/8/01 305-597-5700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #