

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **840993**

1. Entity Name

**JAMAICA RESERVATION SERVICE LIMITED, INC.**

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

08-16-2001 90009 011 \*\*\*550.00

0061636  
AV

Principal Place of Business

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

Mailing Address

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

**00061440**



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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARRETT, MARLENE**  
**3785 NW 82ND AVE**  
**W403**  
**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

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 \$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** ☐ Delete  
NAME **GARRETT, MARLENE**  
STREET ADDRESS **3707 STARBOARD AVE**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE **D** ☐ Delete  
NAME **GUNTLEY-BRADY, CAROLE**  
STREET ADDRESS **64 KNUTSFORD BLVD**  
CITY-ST-ZIP **KINGSTON 5 JAMAICA WI**

TITLE **D** ☐ Delete  
NAME **PICKERSGILL, FAY**  
STREET ADDRESS **64 KNUTSFORD BLVD**  
CITY-ST-ZIP **KINGSTON 5, JAMAICA WI**

TITLE **D** ☒ Delete  
NAME **WOUNG, INGRID**  
STREET ADDRESS **SANGSTER INTL AIRPORT**  
CITY-ST-ZIP **MONTEGO BAY, JAMAICA**

TITLE **D** ☐ Delete  
NAME **ALLEN, KEMEL**  
STREET ADDRESS **THE ATRIUM 32 TRAFALGAR RD**  
CITY-ST-ZIP **KINGSTON 10, JAMAICA WI**

TITLE **D** ☐ 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** ☐ Change ☒ Addition  
NAME **JOHN COOKE**  
STREET ADDRESS **PCJ, 36 TRAFALGAR ROAD**  
CITY-ST-ZIP **KINGSTON 5, JAMAICA W.I.**

TITLE **D** ☐ Change ☒ Addition  
NAME **CLIVE HOBSON**  
STREET ADDRESS **TOUR MARKS LTD. 5 LEIGHTON ROAD**  
CITY-ST-ZIP **KINGSTON 5, JAMAICA W.I.**

TITLE **D** ☐ Change ☒ Addition  
NAME **NICOLE BRAHAM**  
STREET ADDRESS **3B WIDCOMBE ROAD**  
CITY-ST-ZIP **KINGSTON 6, JAMAICA W.I.**

TITLE **D** ☐ Change ☒ Addition  
NAME **PAUL SLOLEY**  
STREET ADDRESS **1 MANGROVE WAY, DB1, MONTEGO BAY**  
CITY-ST-ZIP **ST. JAMES, JAMAICA W.I.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Handwritten Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/01**

Date

**305-597-5700**

Daytime Phone #

10/1/01 10:00 AM