

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 3785 NW 82 AVE STE 403 MIAMI FL 33166	Mailing Address 3785 NW 82 AVE STE 403 MIAMI FL 33166
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00061440



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 3785 NW 82ND AVE #403 MIAMI FL 33166				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. (See criteria on back) <input type="checkbox"/>	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. <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 NAME STREET ADDRESS CITY-ST-ZIP	MD GARRETT, MARLENE 3707 STARBOARD AVE COOPER CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE CHAIRMAN JOHN COOKE PCJ, 36 TRAFALGAR ROAD KINGSTON 5, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTLEY-BRADY, CAROLE 64 KNUTSFORD BLVD KINGSTON 5 JAMAICA WI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIVE HOBSON TOUR MARKS LTD. 5 LEIGHTON ROAD KINGSTON 5, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKERSGILL, FAY 64 KNUTSFORD BLVD KINGSTON 5, JAMAICA WI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLE BRAHAM 3B WIDCOMBE ROAD KINGSTON 6, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOUNG, INGRID SANGSTER INTL AIRPORT MONTEGO BAY, JAMAICA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL SLOLEY 1 MANGROVE WAY, DB1, MONTEGO BAY ST. JAMES, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KEMEL THE ATRIUM 32 TRAFALGAR RD KINGSTON 10, JAMAICA WI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKSON, KEVIN C/O COURTLEIGH HOTEL, 85 KNUTSFORD BLVD KINGSTON 10 JA	TITLE 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 #