

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853108

1. Entity Name

JAMAICA VACATIONS LIMITED, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90032 041 ***150.00

Principal Place of Business

3785 NW 82 AVE STE 403
MIAMI FL 33166
US

Mailing Address

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

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

59-2225449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRETT, MARLENE
1320 SOUTH DIXIE HIGHWAY
STE 1102
CORAL GABLES FL 33146

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, JOHN 5-7 DUNROBIN AVENUE KINGSTON 10, JAMAICA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD, GARRETT, MARLENE 3707 STARBOARD AVENUE COOPER CITY, FLORIDA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOLEY, PAUL 686 HALF MOON ST, BOX 227 MONTEGO BAY JA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTLEY-BRADY, CARROLE c/o OFFICE OF THE PRIME MINISTER (TOURISM) 64 KNUTSFORD BLVD., KINGSTON 5 JAMAICA W.I.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMEL, ALLEN THE ATRIUM 32 TRAFALGAR RD KGN 10	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKERSGILL, FAY c/o JAMAICA TOURIST BOARD 64 KNUTSFORD BLVD., KINGSTON 5 JAMAICA W.I.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBSON, CLIVE 5 MONTCLAIR TERRACE KINGSTON 6, JAMAICA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOUNG, INGRID c/o JAMAICA FAREWELL SANGSTER INTERNATIONAL AIRPORT, MONTEGO BAY, JA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHAM, NICOLE 38 WIDCOMBE RD KINGSTON 6 JA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKSON, KEVIN C/O COURTLEIGH HOTEL KINGSTON JA	<input type="checkbox"/> Delete	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/7/00 305-597-5700

CR2E034 (9/99)