

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853108

1. Entity Name

JAMAICA VACATIONS LIMITED, INC.

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  
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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	COOKE, JOHN	
STREET ADDRESS	5-7 DUNROBIN AVENUE	
CITY-ST-ZIP	KINGSTON 10, JAMAICA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOLEY, PAUL	
STREET ADDRESS	686 HALF MOON ST, BOX 227	
CITY-ST-ZIP	MONTEGO BAY JA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMEL, ALLEN	
STREET ADDRESS	THE ATRIUM 32 TRAFALGAR RD	
CITY-ST-ZIP	KGN 10	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBSON, CLIVE	
STREET ADDRESS	5 MONTCLAIR TERRACE	
CITY-ST-ZIP	KINGSTON 6, JAMAICA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAHAM, NICOLE	
STREET ADDRESS	38 WIDCOMBE RD	
CITY-ST-ZIP	KINGSTON 6 JA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRICKSON, KEVIN	
STREET ADDRESS	C/O COURTFLEIGH HOTEL	
CITY-ST-ZIP	KINGSTON JA	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTLEY-BRADY, Carrole	
STREET ADDRESS	64 Knutsford Boulevard	
CITY-ST-ZIP	Kingston 5, JAMAICA W.I.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKERSGILL, Fay	
STREET ADDRESS	2 St. Lucia Avenue	
CITY-ST-ZIP	Kingston 5, JAMAICA W.I.	
TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, Marlene	
STREET ADDRESS	3785 N.W. 82nd Avenue, Suite 403	
CITY-ST-ZIP	Miami, FL. 33166, U.S.A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/01

Date

305-597-5700

Daytime Phone #

CR2E034 (10/00)

0499466

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90114 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE