

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90163 032 ***150.00

DOCUMENT # **F94000005087** ✓

1. Entity Name

Caribbean Vacation Network, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 N.E. 40th St
Suite, Apt. #, etc.
401

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip **33137**

Country **USA**

Zip

Country

4. FEI Number

363365489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRED SCHWARTZ

Street Address (P.O. Box Number is Not Acceptable)

40 N.E. 40th St #401

City

Miami

FL

Zip Code

33137

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

FRED SCHWARTZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	FRED SCHWARTZ
STREET ADDRESS	751 51 ST Miami Beach, FL 33140
CITY - ST - ZIP	
TITLE	VICE PRESIDENT
NAME	MICHAEL DORRANO
STREET ADDRESS	1501 W. FULLERTON
CITY - ST - ZIP	CHICAGO, ILL. 60614
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED SCHWARTZ

Date

4/30/02

Daytime Phone #

786-252-7536

CR2E034B (12/01)