FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # F940000509	27	Secretary of State 05-13-2002 90163 032 ***150.00
CHRIBBEAN VACATION No	etwork, au	
DO NOT WRITE IN THIS SE	PACE	
Principal Place of Business     3. Mailing Adgress		
	ns	
40\		DO NOT WRITE IN THIS SPACE
City & State City & State		4. FEI Number Applied For Not Applicable
Zip 33131 County OF Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent
DO NOT WRITE		EN Schwartz
IN THIS SPACE	Street Address (	P.O. Box Numbergis Not Acceptable)
IN THIS SPACE		
	City (M via	Mic FL Zip God \$127
8. The above named entity submits this statement for the purpose of changing its re	egistered office or register	ed agent, or both, in the State of Florida.
SIGNATURE Significance of registered agent and tale if applicable (NOTE:	Registered Agent signature required	4/39/02
9. This corporation is eligible to satisfy its Intangible	v 1 Fee is 1150.00	(AS)
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(See criteria on back)	Fee is \$550.00 🌞	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
(See criteria on back)  Make Check Payable  11. OFFICERS AND DIRECTORS	Fee is \$550.00 UBR is \$61.25 ito Department of Stat	Trust Fund Contribution
(See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE PRESIDENT	UBR is \$61.25 to Department of Stat	Trust Fund Contribution
(See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS  FREU SCHWALT Z  33140	UBR is \$61.25 to Department of Stat	Trust Fund Contribution
(See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  751 51 57 W. W. W. BOLANG, PL	UBR is \$61.25 to Department of Stat  TILL MAME STREE ADDRESS CITY ST-207	Trust Fund Contribution
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an analysis of the corporation of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an analysis of the receiver of trusted empowered.

NAME (

STREET ADDRESS

CITY: ST: ZIP (Fig.

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREES SCHWAUTZ

4/390x

186-252-753 Daytime Phone #