2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2001 8:00 am Secretary of State

DOCUMENT # G82376 1. Entity Name DEERWOOD TRAVEL, INC.		Secretary of State 04-16-2001 90001 020 ***150.00
Principal Place of Business 9135 S. W 87TH AVENUE MIAMI FL 33176 US	Mailing Address 9135 S W 82TH AVENUE MIAMI FL 33176 US	
2. Principal Place of Business 696 CATANIA I Suite, Apt. #, etc.	Reno, 6696 CATANIA DE Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	4. FEI Number F0_232704 Applied Fo

2. Principal P 6696 Suite, Apt.	a) Place of Business 2 CATANIA Deno 6696 CATANIA IDEAO pt. #, etc. 3. Mailing Address 6696 CATANIA IDEAO Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		Gity & State Toub	51.0 K	4.	FEI Number 59-23837	84	Applied For	1	
BOUNTON DEACH, FL BOYN OW			Maria FI				Not Applicable	ļ	
3343	37 Paru bisch	33437	Www bes	5.	Certificate of Status Desired	\$8.75 Fee Requ	Additional :	-	
		7.	Name and Address of New	Registered Agent		ĺ			
	•		Name					l	
FEK I 8104	Street Address (P.O. Box Number is Not Acceptable)								
	S.W. 81 PLACE (0)	96 Catoners oy 5 5 Ach 1233437	nene					ĺ	
	BOYNY	ous stin							
~		1233437	City	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 .	Moderne	Erele				<u> </u>	Do)		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	egistered Agent signatu	re required when	reins(ating)	(D/TE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE Tax filing requirement and elects to do so. After MAY 1, 2001 Fee				50.00	€	· · ·	0.00 May Be	-	
(See criter	ria on back)	Make Check Payable	to Department						
11,	OFFICERS AND D		12.	A	DDITIONS/CHANGES TO O			ء ا	
TITLE	DP	☐ Delete	TITLE			Chang	ge 🗌 Addition	2	
NAME STORET ADDRESS	FEKETE, WALTER J	CAANIA DO	NAME STREET ADDRESS					1	
STREET ADDRESS CITY-ST-ZIP	3.0.78.1.0.1.0.0.	Ton DSALL DO =	GITY/SI-SIP-				(Š	
TITLE	DV	Delete	1 43/-			☐ Chang	ge	Š	
			NAME					١	
STREET ADDRESS	1910 18W 81 PLACE 66 96 CA	TANA DO	STREET ADDRESS					ì	
CITY-ST-ZIP	FERETE, MARLENE H. 191012801811700E6696 CA MIAMILEL-BOYN FOR BE	Au H 33437	CITY-ST-ZIP				_ ,		
TITLE		☐ Delete /	TITLE			☐ Chang	ge 🔲 Addition		
NAME			NAME CAREET ADDRESS				-		
STREET ADDRESS CITY-ST-ZIP -			STREET ADDRESS						
TITLE	The second secon	Delete	TITLE			Chang	ge 🔲 Addition	1	
NAME		L. Delete	NAME			C Onang	,		
STREET ADDRESS		I	STREET ADDRESS				Ì	l	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					İ	
TITLE		☐ Delete	TITLE			☐ Chang	ge 🔲 Addition	į	
NAME STREET ADDRESS		,	NAME					l	
STREET ADDRESS CITY-ST-ZIP	resident to the second		STREET ADDRESS CITY-ST-ZIP						
		☐ Delete				☐ Chang	ge 🔲 Addition	Į	
title Name		LI UBIETE	TITLE NAME			Li Chang	je ∟_ Addition Î	l	
STREET ADDRESS			STREET ADDRESS)	1	
CITY-ST-ZIP			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