

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54398

1. Entity Name

LATIN AMERICA RESERVATION CENTER, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90040 029 \*\*\*150.00

Principal Place of Business

Mailing Address

~~118 SHEPARD AVE.~~  
P.O. BOX 1435  
DUNDEE FL 33838

~~118 SHEPARD AVE.~~  
P.O. BOX 1435  
DUNDEE FL 33838-1435

2. Principal Place of Business

902 VALENTINA DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNDEE, FL

City & State

Zip

33838

Country

U.S.A.

Zip

Country

4. FEI Number 59-2806229

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JUDY

~~118 SHEPARD AVE.~~  
DUNDEE FL 33838

902 VALENTINA DR

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME MARTIN, JUDY  
STREET ADDRESS ~~118 SHEPARD AVE.~~  
CITY-ST-ZIP DUNDEE FL

☐ Delete

TITLE STD  
NAME DUNN, DONNA  
STREET ADDRESS ~~118 SHEPARD AVE.~~  
CITY-ST-ZIP DUNDEE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

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 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

JUDY S. MARTIN

Date

Daytime Phone #

02/03/00 86343914