

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
 03-30-2000 90059 016 ***150.00

DOCUMENT # J82287

1. Entity Name

RESORTS EXCHANGE INTERNATIONAL OF AMERICA, INC.

Principal Place of Business

C/O JOE ARRIGONI
 301 E. HILLCREST ST
 ORLANDO FL 32801

Mailing Address

C/O JOE ARRIGONI
 301 E. HILLCREST ST
 ORLANDO FL 32801-1213

2. Principal Place of Business

1 S. Orange Ave.

3. Mailing Address

1 S. Orange Ave

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

City & State

Orlando FL

City & State

Orlando FL

Zip

32801

Country

Orange

Zip

32801

Country

Orange

4. FEI Number

59-2819470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARRIGONI, ANTHONY A
 301 E. HILLCREST ST
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Anthony Arrigoni**

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

1 South Orange Ave #404

City **Orlando**

FL

Zip Code **32801**

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 **S** ☐ Delete
 NAME **ARRIGONI, ANTHONY**
 STREET ADDRESS **301 E. HILLCREST ST**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **Anthony Arrigoni** ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **1 S. Orange Ave #404**
 CITY-ST-ZIP **Orlando FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1 S. Orange Ave #404**
 CITY-ST-ZIP **Orlando FL 32801**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

407-835-9312

Daytime Phone #

CR20034 (9/00)