## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # K63510** Apr 29, 2000 8:00 am Secretary of State 1. Entity Name LEISURE PLANNERS INTERNATIONAL TRAVEL, INC. 04-29-2000 90017 043 \*\*\*150.00 Principal Place of Business Mailing Address 2100 CORAL WAY 2100 CORAL WAY #310 #310 MIAMI FL 33145 MIAMI FL 33145-2657 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0106097 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARRIZO, BLANCA Street Address (P.O. Box Number is Not Acceptable) 2655 LEJUNE ROAD **SUITE 1014** CORAL GABLES FL 33134 City Zip Code FL 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 regi FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CARRIZO, BLANCA STREET ADDRESS STREET ADDRESS 2655 LEJUNE RD, STE 405 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME APPERT, PATRICK STREET ADDRESS STREET ADDRESS 2655 LEJUNE RD, STE 405 CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE CARRIZO, BLANCA NAME NAME STREET ADORESS STREET ADDRESS 2655 LEJUNE RD, STE 405 CITY-ST-ZIP CITY-ST-ZIE CORAL GABLES FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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:

| 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 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.