

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L07534**

1. Entity Name

**MARKETING & RESERVATIONS (USA) INC.**

**FILED**  
**00 JAN 18 AM 9:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

1150 NW 72ND AVE.  
 STE 377  
 MIAMI FL 33126

1150 NW 72ND AVE.  
 STE 377  
 MIAMI FL 33126-1920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0146712**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**343 Almeria Avenue**

City **Coral Gables**

**FL**

Zip Code **33134**

8. The above named entity **Spiegel & Utrera, P.A.** has the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By:

Signature, typed or printed name of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Natalia Utrera, Vice-President**

DATE

**1/14/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **P CORREIA, THOMAS**  
 STREET ADDRESS **1150 NW 72ND AVE., SUITE 377**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TS FERNANDES, AGNELO**  
 STREET ADDRESS **1150 NW 72ND AVE., STE 377**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
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 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**AGNELO FERNANDES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/00**  
 Date

**305-471-617**  
 Daytime Phone #