

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001854**

1. Entity Name

**INTERNATIONAL DREAM HOLIDAYS, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 4: 17

Principal Place of Business 2550 NW 72 AVENUE, SUITE 309 MIAMI FL 33122	Mailing Address 2550 NW 72 AVENUE, SUITE 309 MIAMI FL 33166-6737
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7220 NW 36th Street	3. Mailing Address 7220 NW 36th Street
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Suite, Apt. #, etc. 642	Suite, Apt. #, etc. 642
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City & State Miami, FL	City & State Miami, FL
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4. FEI Number **65-0865698**

Applied For  
Not Applicable

Zip 33166	Country	Zip 33166	Country
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, JESUS 2550 NW 72 AVENUE, SUITE 309 MIAMI FL 33122	Name Cruz, Jesús
	Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36th Street #642
	City Miami, FL
	Zip Code FL 33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/00

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CRUZ, BRUNO 2550 NW 72 AVENUE, SUITE 309 MIAMI FL 33122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CRUZ, JESUS 2550 NW 72 AVENUE, SUITE 309 MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DIAZ BONNET, ANGEL 2550 NW 72 AVENUE, SUITE 309 MIAMI FL 33122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CRUZ, JESUS 7220 NW 36th STREET #642 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	500003123265 -02/03/00--01099--022 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	500003123265--0 -02/03/00--01099--023 *****5.00 *****5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE 1/17/00

DAYTIME PHONE # 305-640-1966