2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004573

1. Entity Name
UNLIMITED DESTINATIONS, LLC

FILED
00 MAR 13 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
PMB 289
1291A POWERLINE ROAD
POMPANO BEACH FL 33069

Mailing Address
PMB 289
1291A POWERLINE ROAD
POMPANO BEACH FL 33069-4340

2. Principal Place of Business: 535 Oaks Drive
Suite, Apt. #, etc. # 304
City & State Pompano Beach
Zip 33069 Country Broward

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0941400 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	☐ Delete
NAME	NACHBY, ANDREW L	
STREET ADDRESS	535 OAKS DRIVE SUITE 304	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	700003182687--1	
STREET ADDRESS	-03/24/00--01043--013	
CITY-ST-ZIP	*****50.00	
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2F083 (9/99)

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: SIGNATURE REQUIRED Andrew L. Nachby 3/6/00 954-969-7752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #