

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001920

1. Entity Name
GRAND PACIFIC TRAVEL, LLC

FILED

01 JAN 26 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
801 S. RAMPART BLVD., SUITE 200
LAS VEGAS NV 89145

Mailing Address
801 S. RAMPART BLVD., SUITE 200
LAS VEGAS NV 89145

2. Principal Place of Business
2310 PASEO DEL PRADO
Suite, Apt. #, etc.
SUITE 205

3. Mailing Address
Suite, Apt. #, etc.

City & State
LAS VEGAS, NV 89102

City & State

4. FEI Number 88-0469654

Applied For
Not Applicable

Zip
89102

Country
USA

Zip
Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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 MGR
NAME CRI TRAVEL HOLDINGS, LLC
STREET ADDRESS 801 S. RAMPART BLVD., SUITE 200
CITY-ST-ZIP LAS VEGAS NV 89145 ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: KENNETH CHUPINSKY-PRES.

702-967-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)