2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M60825** Feb 04, 2000 8:00 am 1. Entity Name Secretary of State LAGO VISTA TRAVEL, INC. 02-04-2000 90005 022 ***158.75 Principal Place of Business Mailing Address 1313 PONE DE LEON BLVD. 1313 PONCE DE LEON BLVD. SUITE 301 SUITE 301 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-285 1895 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHERN, MARSHALL Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES FL 33134 Zip Code 8. The above pamed 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Detete TITLE TITLE CHERN, MARSHALL M. NAME STREET ADDRESS STREET ADDRESS 1313 PONCE DE LEON BVLD., SUITE 301 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME SEVIN, NORMAN M. STREET ADDRESS STREET ADDRESS 1313 PONCE DE LEON BLVD., SUITE 301 CITY-ST-7IP CITY-ST-ZIP **CORAL GABLES FL** ☐ Delete TITLE Change ☐ Addition NAME LEVIN. MORTON NAME -STREET ADDRESS STREET ADDRESS 1940 HARRISON ST CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE

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 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

word all tellie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

"Marshall M. Chern

01/27/00

(305)443-3343

Date

Daytime Phone #

CR2E034 (9/99)