

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90497 027 ***150.00

DOCUMENT # **P 0000000 7656** ✓

1. Entity Name:

PLAY VACATION INC.

Principal Place of Business

Mailing Address

5900 DEWEY STREET
Suite #203
HOLLYWOOD, FL 33023

701 NW 141 AVE
Apt #103
PEMBROKE PINES, FL 33028

00056824

2. Principal Place of Business

5900 DEWEY STREET
Suite, Apt. #, etc.
#203

3. Mailing Address

701 NW 141 AVE
Suite, Apt. #, etc.
Apt #103

DO NOT WRITE IN THIS SPACE

HOLLYWOOD, FL 33023

PEMBROKE PINES, FL

4. FEI Number

65-0974666

Applied For

Not Applicable

33023 **USA**

33028 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAM KALB
701 NW 141 AVE #103
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

ADAM KALB
701 NW 141 AVE Apt #103
PEMBROKE PINES FL 33028

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 **ADAM KALB, PRESIDENT OF PLAY VACATION INC.**

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

MAY 1, 02

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, 2002 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

PRESIDENT = P
ADAM KALB
701 NW 141 AVE
PEMBROKE PINES, FL 33028

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report or that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM KALB

04/30/01

Daytime Phone #

954-442-9491

CR2E034 (11/00)