

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-10-2001 90001 039 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069686

1. Entity Name

QUALY VACATIONS, INC.

Principal Place of Business

3489 3489 W VINE STREET
KISSIMMEE FL 34741

Mailing Address

3489 3489 W VINE STREET
KISSIMMEE FL 34741

2. Principal Place of Business

7802 KINGS POINTE PKWY

Suite, Apt. #, etc.

SUITE 207-B

City & State

ORLANDO FL

Zip

32819

Country

USA

3. Mailing Address

7802 KING POINTE PKWY

Suite, Apt. #, etc.

SUITE 207-B

City & State

ORLANDO FL

Zip

32819

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3658189

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALINDO, MARCO
9852 BAY VISTA ESTATES BLVD
ORLANDO FL 32836

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

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, 2001 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

TITLE: MARCO GALINDO ☐ Delete
 NAME: PRESIDENT & CEO
 STREET ADDRESS: 9852 BAY VISTA ESTATES BLVD
 CITY-ST-ZIP: ORLANDO FL 32836

TITLE: GIORGIO CONOS ☐ Delete
 NAME: VICEPRESIDENT
 STREET ADDRESS: 1708 NETTLEWOOD TRAIL
 CITY-ST-ZIP: ORLANDO FL 32832

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO GALINDO CEO

08/06/01

Date

407-3705702

Daytime Phone #

CR2E034 (10/00)

Attachment Doc # P00000069686 [REDACTED]
Qualy Vacations Inc.
7802 Kingspointe Parkway, Suite 207-B 11897
Orlando, FL 32819
407-370 5707



August 6, 2001

Florida Department of State
Unifor Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Our company moved to the new offices 6 months ago, so we changed our mailing address to this new location, because this reason the form with the first notice for this report was just received on July 31st.

Please process this filing with the normal fee, we are sorry for this involuntary delay.

Best Regards:


Marco Galindo
President

Phone: 407-933-6940, Toll Free: 1-877-933-6940
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