

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90355 008 \*\*\*158.75

DOCUMENT # **P 00000101097**  
1. Entity Name **BRACOL style of VACATION CO.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6825 VISITOR CR.**  
Suite, Apt. #, etc.  
**HOTEL CONTINENTAL PLAZA**  
City & State  
**ORLANDO FL.**  
Zip  
**32819**  
Country  
**U.S.A.**

3. Mailing Address  
**6825 VISITOR CR.**  
Suite, Apt. #, etc.  
**HOTEL CONTINENTAL PLAZA**  
City & State  
**ORLANDO FL.**  
Zip  
**32819**  
Country  
**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3679255**  
Applied For  
☒ \$8.75 Additional Fee Required

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**RUBEN D. TOEO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7345 SAND LAKE RD.**  
**SUITE 201**  
City  
**ORLANDO** FL Zip Code  
**32819**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Rosana PEREIRA</b> <b>4419 S KIRKMAN Apto 202</b> <b>Orlando FL. 32811</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LUCIA ASTRAUSKAS</b> <b>1807 GOOD HOMES RD. ORL FL.</b> <b>32818</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rosana PEREIRA</b> <b>4419 S KIRKMAN Apto 202</b> <b>Orlando FL. 32811</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **LUCIA ASTRAUSKAS** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-25-02 (407) 2267292**  
Date Daytime Phone #