2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101223

1. Entity Name

THE DOMINICAN REPUBLIC TOURISM BOARD INC

FILED
01 MAY -1 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2355 SALZEDO ST #307 CORAL GABLES FL. 33134	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2355 SALZEDO ST.	
Suite, Apt. #, etc. #307	Suite, Apt. #, etc.
City & State CORAL GABLES, FL.	City & State
Zip 33134 Country USA	Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMARENA, LINDA 2355 SALZEDO ST. #307 CORAL GABLES FL. 33134	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] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	OTALVO, TOMAS ☐ Delete 2355 SALZEDO ST. #307 CORAL GABLES, FL. 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PERELLO, MERCEDES ☐ Delete 136 E 57 ST. #803 NEW YORK, NY. 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	REYNOSO, CESAREO ☐ Delete 161 W. DIVERSEY BLVD. #214 CHICAGO ILL. 60614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200004195082--3 -05/11/01--01019--022 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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]