

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

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90276 008 ***155.00

DOCUMENT # **101000010876** ✓

1. Entity Name

ORLANDO DIRECT VACATIONS, INC.

DO NOT WRITE IN THIS SPACE

123344

2. Principal Place of Business

9110 BUSTWY 192

3. Mailing Address

9110 BUSTWY 192

State, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

CLERMONT FL

City & State

CLERMONT FL

Zip

34711

Country

U.S.A.

Zip

34711

Country

U.S.A.

4. FEI Number

65-1070698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA P.A.

Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVENUE

City

CORAL GABLES

FL

Zip

33134

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's signature required when reappointing)

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
**PSTD
MEGHANI ALWOK
343 ALMERIA AVE, SUITE 625
CORAL GABLES FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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:

MEGHANI ALWOK

08/01/02

863420 3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

Aug 02 02

Division of corporations

409 east gaines st

tallahassee. FL 32399

dear sir/madam,

#PJ/000010876
123344

i spoke to your dept on 29 july ref len at 4.57 pm and again with another staff on 30 jul 4.30 pm – i have not received ubr filing forms , although i come every month to england ,i arrived last fri and was concerned as i have filing for 3 corporation [a] orlando direct vacations [b] 4cornersexpress [c] magical express , anyways i was told to download forms and mail with the fees , that is what i am enclosing thanking u in advance also my contact for next month is 863 420 3838 cell 863 738 1389

rgds alnoor meghani