FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052930

1. Entity Name:

ALL VACATION HOME, INC.

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FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91205 012 ***150.00

B0124430

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2. Principal Place of Business	3. Mailing Address
2750 Michigan Ave	2750 Michigan Ave.
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc. Suite 5
City & State Kissimmee, Fl	City & State Kissimmee, Fl
Zip 34744 Country Osceola	Zip 34744 Country Osceola

4. FEI Number 65-1107608 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Jose L. Jaimes
Street Address (P.O. Box Number is Not Acceptable): 1519 Harrier Dr
City: Orlando, Fl Zip Code: 32837

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]

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President / Secretary / Treasurer	TITLE	
NAME	Jose L. Jaimes	NAME	
STREET ADDRESS	1519 Harrier Dr	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl. 32837	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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 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] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR