

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am Secretary of State

DOCUMENT # P01000061790

Entity Name

Minnie Vacations, Inc.

04-23-2002 90440 049 ***150.00

Principal Place of Business Mailing Address 18300 NE 19 AVENUE SUITE 100 NORTH MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

3. Mailing Address 9900 Stirling Road Suite, Apt. #, etc 211

City & State Cooper City, FL

4. FEI Number 65-1117954 Applied For Not Applied

Zip 33024 Country USA

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

6. Name and Address of Current Registered Agent

SILVA, FERNANDO 18300 NE 19 AVENUE SUITE 100 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name - Silva, Fernando Street Address (P.O. Box Number is Not Acceptable) 9900 Stirling Road, Suite 211 City Cooper City FL Zip Code 33024

Handwritten signature of Fernando Silva

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

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, 2002 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

Table with 11 columns: OFFICERS AND DIRECTORS. Includes fields for NAME, STREET ADDRESS, CITY, STATE, ZIP, and a Delete checkbox. Entry 1: PD Shields, Yamile, 1444 Biscayne Blvd suite 160-29, Miami, FL 33113.

Table with 11 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for NAME, STREET ADDRESS, CITY, STATE, ZIP, and checkboxes for Change and Add. Entry 1: PD Shields, Yamile, 9900 Stirling Rd. Suite 211, Cooper City, FL 33024.

13. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 139.07(3)(b), 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 chief executive officer of the corporation 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.

SIGNATURE Yamile Shields