FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90378 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111089

1. Entity Name
VACACIONES MIAMI, INC.

Principal Place of Business	Mailing Address
6801 SW 19 ST. MIAMI, FL 33155	6801 SW 19 ST. MIAMI, FL 33155

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1211 E 7ert		1211 E 7ert.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HIALEAH FL.		City & State: HIALEAH FL.	
Zip: 33010	Country: USA	Zip: 33010	Country: USA.

4. FEI Number 65-7153922 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
PERNIA, MARIA ELENA
6801 SW 19 ST.
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name: Pernia MARIA Elena
Street Address (P.O. Box Number is Not Acceptable): 1211 E 7erT.
City: HIALEAH FL Zip Code: 33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ 04/30/03
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

[redacted]

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

CR2E034 (10/02)

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	DE PRADO, JOSE PEREZ JR.	
STREET ADDRESS	6801 SW 19 ST.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VPD	☐ Delete
NAME	PERNIA, MARIA ELENA	
STREET ADDRESS	6801 SW 19 ST.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ 04/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #