

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91451 035 ***158.75

DOCUMENT # **P02000016680** ✓
1. Entity Name
THE VACATIONS OF SOUTH FLORIDA INC.



DO NOT WRITE IN THIS SPACE

90127716

2. Principal Place of Business
5303 ARCHSTONE DR

3. Mailing Address
5303 ARCHSTONE DR.

Suite, Apt. #, etc.
108.

Suite, Apt. #, etc.
108

City & State
TAMPA, FL.

City & State
TAMPA, FL.

Zip
33634

Country
USA

Zip
33634

Country
USA

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4. FEI Number
45-0469576

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William YONGJAE CHON

Street Address (P.O. Box Number is Not Acceptable)
5303 ARCHSTONE DR. # 108

City
TAMPA

FL
33634

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 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
04/30/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIAM YONGJAE CHON
5303 ARCHSTONE DR. #108
TAMPA, FL. 33634**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD.
FRANCISCO TABARES
4971 S.W. 161 AVE.
MIRAMAR, FL. 33027.**

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
04/30/03 (813) 382-8957
Daytime Phone #

CR2E034B (12/02)