

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90127 035 \*\*\*150.00

**DOCUMENT # P02000096392**

**1. Entity Name**  
**FANTASTIC WORLD VACATIONS INC**



**Principal Place of Business**  
42ND NW 27TH AVE  
SUITE 302  
MIAMI FL 33125

**Mailing Address**  
42ND NW 27TH AVE  
SUITE 302  
MIAMI FL 33125

**2. Principal Place of Business**

**3. Mailing Address**

42 NW 27 Ave

SAME

Suite, Apt. #, etc.  
# 302

Suite, Apt. #, etc.

City & State  
Miami FL

City & State

Zip Country  
33125 USA

Zip Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**  
04-3711483

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

ARISTIZABAL, JOSE J  
11248 SW 153 PL  
MIAMI FL 33196

**Name** JOSE J. ARISTIZABAL

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

11248 SW 153 PL

**City** Miami **FL** **Zip Code** 33196

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

(NOTE: Registered Agent signature required when reinstating)

**DATE** 3/15/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	P	<input type="checkbox"/> Delete
<b>NAME</b>	PEREZ, DOMINGO U	
<b>STREET ADDRESS</b>	451 NE 35 ST	
<b>CITY-ST-ZIP</b>	MIAMI FL 33137	
<b>TITLE</b>	VP	<input type="checkbox"/> Delete
<b>NAME</b>	ARISTIZABAL, JOSE J	
<b>STREET ADDRESS</b>	11248 SW 153 PL	
<b>CITY-ST-ZIP</b>	MIAMI, FL 33196	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** 3/15/03 **Daytime Phone #** (305) 644-9124

CR2E034 (10/02)