

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90285 004 ***150.00

DOCUMENT # P93000071180

1. Entity Name

CARIBBEAN ADVENTURES DIVE TRAVEL, INC.

Principal Place of Business

**4700 HIATUS STE 252
 SUNRISE FL 33351
 US**

Mailing Address

**4700 HIATUS STE 252
 SUNRISE FL 33351
 US**

2. Principal Place of Business

1525 S. ANDREWS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

#227

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

Zip

33316

Country

USA

Zip

Country

4. FEI Number

65-0445209

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

**CHORNLESKY, MARGO
 4700 HIATUS RD STE 252
 SUNRISE FL 33351**

Name

MARGO CHORNLESKY

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

1525 S. ANDREWS AVE #227

City

FT. LAUDERDALE

FL

Zip Code

33316

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

Margo Chornlesky

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DPST
 CHORNLESKY, MARGO
 11872 SW 9 COURT
 DAVIE FL 33325**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margo Chornlesky

Date

Daytime Phone #

1/11/01

CR2E034 (10/00)