

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90359 026 ***150.00

DOCUMENT # P94000027471
 Entity Name
EXCLUSIVACATIONS, INC. ✓

Principal Place of Business Mailing Address
6525 COLLINS AVE **6525 COLLINS AVE**
MIAMI BEACH, FL 33141 **MIAMI BEACH, FL 33141**

C0068025

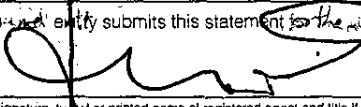
Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0475453 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JAMES TAINTOR
% 6251 SW 43rd STREET
MIAMI, FL 33155

7. Name and Address of New Registered Agent
 Name **GEORGE MACROPULOS**
 Street Address (P.O. Box Number is Not Acceptable)
6525 COLLINS AVENUE
 City **MIAMI BEACH** FL Zip Code **33141**

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:  **GEORGE MACROPULOS** DATE: **4/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

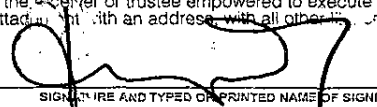
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution:

1. OFFICERS AND DIRECTORS	
TITLE P NAME GEORGE MACROPULOS <input type="checkbox"/> Delete STREET ADDRESS 18181 NE 31 st CT #2009 CITY-ST-ZIP AVENTURA, FL 33160	
TITLE VP NAME JAMES TAINTOR <input type="checkbox"/> Delete STREET ADDRESS 6251 SW 43 rd STREET CITY-ST-ZIP MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME George Macropulos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 6525 Collins Avenue CITY-ST-ZIP Miami Beach, FL 33141	
TITLE S NAME JAMES SPENCER TAINTOR IV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 6525 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached sheet with an address with all other officers, directors, receivers, trustees, or other persons empowered.
 SIGNATURE:  **GEORGE MACROPULOS** DATE: **4/30/01** Daytime Phone #: **305-867-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)