

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000030202

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: BEST VALUE VACATIONS, INC.

## Current Principal Place of Business:

155 SOUTH MIAMI AVENUE  
PENTHOUSE ONE  
MIAMI, FL 33130

## New Principal Place of Business:

5309 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146 US

## Current Mailing Address:

155 SOUTH MIAMI AVENUE  
PENTHOUSE ONE  
MIAMI, FL 33130

## New Mailing Address:

5309 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146 US

FEI Number: 65-0575607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELGADO, AMABLE  
155 SOUTH MIAMI AVENUE  
PENTHOUSE ONE  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

DELGADO, JOSEFINA  
5309 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146 US

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: JOSEFINA DELGADO

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete  
Name: DELGADO-PALACIOS, JOSEFINA  
Address: 155 SOUTH MIAMI AVENUE, PENTHOUSE ONE  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DELGADO, JOSEFINA  
Address: 5309 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEFINA DELGADO

VPT

04/30/2002

Electronic Signature of Signing Officer or Director

Date