

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91181 028 \*\*\*150.00

DOCUMENT # P96000013974

1. Entity Name

FLORIDA VACATION PROMOTIONS, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

6500 International Dr

5158 Cypress Creek Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

Zip

32811

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0069873



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Andrea Campos

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

5158 Cypress Creek Dr

City Orlando

FL

Zip Code

32811

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

Andrea G. Campos

5.1.01

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

NOTE: Registered Agent signature required when reinstating)

DATE

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	P.D.	<input type="checkbox"/> Delete
NAME	ANDREA CAMPOS	
STREET ADDRESS	5158 CYPRESS CREEK DR	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VP, D	<input type="checkbox"/> Delete
NAME	BORIS CAMPOS	
STREET ADDRESS	5158 CYPRESS CREEK DR	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Andrea G. Campos

5.1.01

Date

Daytime Phone: #

CR2E034 (11/00)