

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91166 017 ***150.00

DOCUMENT # ~~P94000067413~~ P97000004484

1. Entity Name

~~JNZ BOOKING AGENCY, INC~~
JNZ INTERNATIONAL BOOKING AGENCY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6624 Gateway Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, Florida

City & State

4. FEI Number 65-0719835
~~65-0521392~~

Applied For
Not Applicable

Zip
34231

Country
USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
KURT F LEWIS, P.A.

Street Address (P.O. Box Number is Not Acceptable)
~~6624 Gateway Avenue~~

City Sarasota FL Zip Code 34231

**DO NOT WRITE
IN THIS SPACE**

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

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE P/Direct
NAME Jacqueline Zerbini
STREET ADDRESS 6249 Muriwood Court
CITY-ST-ZIP Sarasota, Florida 34243

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline Zerbini 04/18/02 941-320-0201

Date

Daytime Phone #

CR2E034B (12/01)