

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0074742 AV

DOCUMENT # P97000007993

1. Entity Name
TIMESHARE RESALES USA, INC.

02-24-2002 90027 049 ***150.00

Principal Place of Business
~~7881 GRAND NATIONAL DRIVE~~
~~SUITE 130~~
~~ORLANDO FL 32819~~

Mailing Address
1307 E NORMANDY BLVD STE ONE
DELTONA FL 32725



2. Principal Place of Business
5135 INTERNATIONAL DR
 Suite, Apt. #, etc. **SUITE 3**

3. Mailing Address
SAME AS PLACE OF
 Suite, Apt. #, etc. **BUSINESS**

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL.

City & State

4. FEI Number
59-3423192

Applied For
 Not Applicable

Zip
32819

Country
U.S.

Zip

Country
ORANGE

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

LEVENE, CAROL
7709 SUNDIAL LANE
ORLANDO FL 32819

Name

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

City

FL

Zip Code

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 *X Howard Levene*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-02

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, 2002 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
P LEVENE, CAROL
7709 SUNDIAL LANE
ORLANDO FL 32819

☐ Delete

TITLE
 NAME
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 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: *X Howard Levene*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02

407-345-9333

Date

Daytime Phone #

CR2E034 (9/01)