

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90394 008 ***150.00

DOCUMENT # P97000095952

1. Entity Name

FANTASY HOLIDAYS, INC.

Principal Place of Business

8555 W. IRLO BRONSON MEM. HWY.
 KISSIMMEE FL 34787
 US

Mailing Address

8555 W. IRLO BRONSON MEM. HWY.
 KISSIMMEE FL 34787
 US

2. Principal Place of Business

1411 US HWY#27 SOUTH % F.M. FINANCIAL TAX
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.
1510 E COLONIAL DR. SUITE 214 W

City & State

CLERMONT, FL

City & State

ORLANDO, FL

4. FEI Number

59-3533744

Applied For

Not Applicable

Zip

34711

Country

U.S.A.

Zip

32803

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ANDAGE, FOZIA
6239 EDGEWATER DE., SUITE D7
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name **FOZIA M. ANDARGE**
 Street Address (P.O. Box Number is Not Acceptable)
1510 E. COLONIAL DR. SUITE # 214 W
 City **ORLANDO** FL Zip Code **32803**

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]

VIJAY KAPUR

Apr 26/01

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

| | | |
|----------------|--------------------------------|--------------------------------------------|
| TITLE | PVST | <input checked="" type="checkbox"/> Delete |
| NAME | KAPUR, VIJAY | |
| STREET ADDRESS | 8555 W. IRLO BRONSON MEM. HWY. | |
| CITY-ST-ZIP | KISSIMMEE FL 34787 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KAPUR, VIJAY | |
| STREET ADDRESS | 13905 W. COLONIAL DR | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NICO, W.H RATSMA | |
| STREET ADDRESS | 8555 W. IRLO BRONSON MEM. HWY. | |
| CITY-ST-ZIP | KISSIMMEE FL 34787 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VIJAY KAPUR | |
| STREET ADDRESS | 529 LORETTA CT. | |
| CITY-ST-ZIP | MISSISSAUGA, ON CANADA L5B 3S2 | |
| TITLE | GENERAL MANAGER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VIJAY KAPUR | |
| STREET ADDRESS | 1411 US HWY#27 SOUTH | |
| CITY-ST-ZIP | CLERMONT, FL. 34711 U.S.A. | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26/01

Date

Daytime Phone #

905-453-4300
352-243-6557

CR2E034 (10/00)

Attachment

Department of Treasury
Internal Revenue Service
Philadelphia Service Center

844143

Fax Message

#P97000095952

Date: July 17, 2000

To: VIJAY KAPUR

Phone Number:

Fax Number: 352-243-6541

From: Teletin, Joanne Devine

Address: 11601 Roosevelt Blvd, DP 8125
Philadelphia, PA 19154

Phone: (215) 516-6999

Fax Number: (215) 516-3990

Subject: Per your request, your employer identification number is 98-0228102

FANTASY HOLIDAYS INC

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*Please make a note for the change. order
(UBR)
or call FL. 352-243-6557
CANADA 905-453-4300*