

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA 7000107318**

1. Entry Name

Vacation Promotions USA, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 PM 12:52

Principal Place of Business

Mailing Address

**6250 N. Andrews Av.
Suite 105A
Ft. Lauderdale, FL 33309**

**6250 N. Andrews Av
Suite 105A
Ft Laud., FL 33309**

2. Principal Place of Business

6250 N. Andrews Ave.

Suite, Apt. #, etc.

Suite 105A

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Address

6250 N. Andrews Ave.

Suite, Apt. #, etc.

Suite 105A

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

4. FEI Number

65-0884309

Applied For

Not Applicable

5. Certificate or Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Joseph G. Mott, Jr. P.A., CPA
500 W. Cypress Creek Road, Suite 400
Fort Lauderdale, FL 33309**

7. Name and Address of New Registered Agent

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

Joseph Mott Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/00

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, 2000 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 **President** ☐ Delete

NAME **Christyna De Antillon**
STREET ADDRESS **304 Garden Drive, #204**
CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE **Vice President** ☐ Delete

NAME **J. Montgomery Antillon**
STREET ADDRESS **9811-D 61st Way South**
CITY-ST-ZIP **Boynton Bch, FL 33437**

TITLE **Secretary** ☐ Delete

NAME **Zoltan Juliasz**
STREET ADDRESS **304 Garden Dr., #204**
CITY-ST-ZIP **Pompano Bch, FL 33069**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **300003198903-8**
STREET ADDRESS **-04/06/00--01096--008**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information submitted 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 a date and is empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 03.05.00

Date

Daytime Phone #

CR2E034 (9/99)