

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90101 035 \*\*\*150.00

**DOCUMENT # P97000107859**  
 1. Entity Name  
**RESERVATION SERVICE, INC.**

Principal Place of Business: **104 CRANDON BOULEVARD SUITE 425 KEY BISCAVNE FL 33149**  
 Mailing Address: **104 CRANDON BOULEVARD SUITE 425 KEY BISCAVNE FL 33149-1564**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **P.O. Box 526350**  
 Suite, Apt. #, etc.: **PB-215**  
 City & State: **MIAMI FLORIDA**  
 Zip: **33152** Country: **USA**

4. FEI Number: **65-0803922**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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:   
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, 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: <b>PD</b> NAME: <b>DEBAKERY, MICHAEL M</b> STREET ADDRESS: <b>104 CRANDON BOULEVARD</b> CITY-ST-ZIP: <b>KEY BISCAVNE FL 33149</b>	<input type="checkbox"/> Delete
TITLE: <b>VD</b> NAME: <b>DEBAKERY, TERESA</b> STREET ADDRESS: <b>104 CRANDON BOULEVARD</b> CITY-ST-ZIP: <b>KEY BISCAVNE FL 33149</b>	<input type="checkbox"/> Delete
TITLE: <b>ST</b> NAME: <b>DEBAKERY, TERESA</b> STREET ADDRESS: <b>104 CRANDON BOULEVARD</b> CITY-ST-ZIP: <b>KEY BISCAVNE FL 33149</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 rights like empowered.

SIGNATURE: **MICHAEL DEBAKERY** 4/25/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)