

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036365

1. Entity Name

DIVE EASY TRAVEL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90179 034 ***150.00

Principal Place of Business

Mailing Address

1390 SOUTH DIXIE HWY. SUITE 1109
CORAL GABLES FL 33146

1390 SOUTH DIXIE HWY. SUITE 1109
CORAL GABLES FL 33146-2946

2. Principal Place of Business

5723 NW 158 St.

3. Mailing Address

5723 NW 158 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-0920401

APPLIED FOR

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANK, ROBERT H
ONE BISCAYNE TOWER, SUITE 3760
MIAMI FL 33131

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 ☐ Delete
NAME D
STREET ADDRESS HUGHES, PETER A
CITY-ST-ZIP 1390 SOUTH DIXIE HWY, SUITE 1109
CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P
STREET ADDRESS 5723 NW 158 St.
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ Change ☒ Addition
NAME Patricia Rose
STREET ADDRESS 5723 NW 158 St.
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ Change ☒ Addition
NAME ST
STREET ADDRESS Alice Hughes
CITY-ST-ZIP 5723 NW 158 St.
Miami Lakes, FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Rose

Date

4/11/2000

Daytime Phone #

305-669-
9391