

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90017 026 ***150.00

DOCUMENT # P98000088641

1. Entity Name
SUN CITY VACATION INC.

| | |
|---|--|
| Principal Place of Business 555 N.E. 34 STREET #1003 MIAMI FL 33137 | Mailing Address 555 N.E. 34 STREET #1003 MIAMI FL 33137-4055 |
|---|--|

| | |
|--|--|
| 2. Principal Place of Business 13609 N.W. 9 th Lane Suite, Apt. #, etc. | 3. Mailing Address 13609 N.W. 9 th Lane Suite, Apt. #, etc. |
|--|--|

| | |
|--------------------------|--------------------------|
| City & State Miami FL | City & State Miami FL |
| Zip 33182 | Zip 33182 |
| Country U.S. | Country U.S. |

4. FEI Number **65-0869759** Applied For Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EXPOSITO, OSMARO
555 N.E. 34 STREET #1003
MIAMI FL 33137

Name
 Street Address (P.O. Box Number is Not Acceptable)
 13609 N.W. 9th Lane
 City Miami FL Zip Code 33182

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---------------------------------|
| TITLE D | <input type="checkbox"/> Delete |
| NAME EXPOSITO, OSMARO | |
| STREET ADDRESS 555 N.E. 34 STREET #1003 | |
| CITY-ST-ZIP MIAMI FL 33137 | |
| 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 |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE Director Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| NAME Diana Gomez | |
| STREET ADDRESS 13609 N.W. 9 th Lane | |
| CITY-ST-ZIP MIAMI FL 33182 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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 reports 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: Osmaro Exposito 1/26/00 (305) 223-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #