

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90991 036 \*\*\*150.00

**C0058963**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P99000033561</span>				<p>1. Entity Name <b>VACATIONS DEPOT, INC.</b></p>	
Principal Place of Business                      Mailing Address  <div style="font-size: 1.1em;">17720 N. BAY ROAD - STE 603</div> <div style="font-size: 1.1em;">MIAMI, FL 33160</div>					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-size: 1.1em;">65-0927827</div>	
Zip		Country			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<div style="font-size: 1.1em;">NATHAN GREENBLATT</div> <div style="font-size: 1.1em;">17720 N. BAY ROAD #603</div> <div style="font-size: 1.1em;">MIAMI, FL 33160</div>			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 _____ (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. <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<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 other like empowered.					
SIGNATURE: <span style="font-size: 1.2em;">N. Greenblatt</span> (NATHAN GREENBLATT) 4/23/01 (305) 932-1116					

CR2E034 (11/00)