2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90328 030 ***150.00

DOCUMENT # P99000036139

1. Entity Name

IDEAL VACATIONS, INC.

Principal Place of Business	Mailing Address
11821 N.W. 29 MANOR SUNRISE FL 33323	256 NW 42 AVE MIAMI FL 33126

L00030320

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13859 NW 23RD. STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State
Zip: 33028 Country: USA	Zip Country

4. FEI Number 65-0921434 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEREZ, TONYA B 11821 N.W. 29 MANOR SUNRISE FL 33323	Name: ALDO G. LEON Street Address (P.O. Box Number is Not Acceptable): 13859 NW 23RD. STREET City: PEMBROKE PINES **FL** Zip Code: 33028

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] 03/01/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JEREZ, TONYA B 11821 NW 29 MANOR SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEON, TONYA B 13859 NW 23RD. STREET PEMBROKE PINES, FL 33028	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEON, ALDO G 11821 NW 29 MANOR SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEON, ALDO G. 13859 NW 23RD. STREET PEMBROKE PINES, FL 33028	☑ Change ☐ Addition
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CR2E034 (10/00)

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] 03/01/01 (954) 747-6941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #