

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/2000 09:15:00 AM

DOCUMENT # P99000041599

1. Entity Name

RESORT MARKETING NETWORK, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-15-2000 90195 026 ***150.00

Principal Place of Business

Mailing Address

7041 GRAND NATIONAL DR. STE 212
ORLANDO FL 32819

7041 GRAND NATIONAL DR. STE 212
ORLANDO FL 32819-8380

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

NAGY, EDUARDO J

7041 GRAND NATIONAL DR. STE 212
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$530.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PRESIDENT

GRACIELA CHOMPOUSKY
9757 BAY VISTA EST. SUITE
ORLANDO, FL 32836

☐ Change ☒ Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

VICE PRESIDENT SEC/Treas
SILVIO M. CHOMPOUSKY
9757 BAY VISTA EST. SUITE
ORLANDO FL 32836

☐ Change ☒ Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ Addition

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TITLE

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☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information stated 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 applicable, or on an attachment with an address with all other like empowered.

SIGNATURE:

SILVIO M. CHOMPOUSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/28/2000 (407) 351-7777

CR2004 (9/99)