

# 2001 UNIFORM BUSINESS REPORT (UBR)

0201374

**DOCUMENT # P99000084780****1. Entity Name**  
**VACATION HOTELS, INC.**APPROVED  
AND  
FILED

01 JAN 24 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Principal Place of Business****951 N.E. 167TH ST., STE. #204  
N. MIAMI BEACH FL 33162****Mailing Address****951 N.E. 167TH ST., STE. #204  
N. MIAMI BEACH FL 33162****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **65-0958581**

Applied For

Not Applicable

**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****MEISTER, STEVEN  
951 N.E. 167TH ST., STE. #204  
N. MIAMI BEACH FL 33162**

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSD MEISTER, STEVEN	951 N.E. 167TH ST., STE. #204	N. MIAMI BEACH FL 33162				
	D SCHUSTER, NEIL	3050 BISCAYNE BLVD., STE. #600	MIAMI FL 33137				
	D BERMAN, LESLIE	20020 NE 21 CT.	N. MIAMI BEACH FL 33180				

**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 all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01 305 653 2100

Date

Daytime Phone #

CR2E034 (10/00)