

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 010 ***150.00

DOCUMENT # P99000084780

1. Entity Name

VACATION HOTELS, INC.



Principal Place of Business

801 NE 167TH ST
2ND FLR
N. MIAMI BEACH, FL 33162

Mailing Address

1901 NE 188TH ST
MIAMI, FL 33179

34014341



2. Principal Place of Business

1901 NE 188TH STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01252004

Chg-P

CR2E034 (10/03)

City & State

MIAMI, FL

City & State

4. FEI Number

65-0958581

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEISTER, STEVEN
1901 NE 188TH ST
MIAMI, FL 33179

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME MEISTER, STEVEN
STREET ADDRESS 1901 NE 188TH ST
CITY-ST-ZIP MIAMI, FL 33179

TITLE D ☒ Delete
NAME SCHUSTER, NEIL
STREET ADDRESS 3050 BISCAYNE BLVD., STE. #600
CITY-ST-ZIP MIAMI, FL 33137

TITLE D ☐ Delete
NAME BERMAN, LESLIE
STREET ADDRESS 20020 NE 21 CT.
CITY-ST-ZIP N. MIAMI BEACH, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/04

Date

Daytime Phone #

305 653-2100