2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$79254 1. Entity Name V.J. HOLIDAY CORP. FILED Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90071 042 ***150.00

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rincipal Place	e of Business	Mailing Address							
POINCIANA ISLAND DR. AMI FL 33160		250 POINCIANA ISLAND DR. Miami Fl 33160-4517 US				ក្រុកម	yu.		
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Principal Pl	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS	SPACE	
City & State		City & State		4.	4. FEI Number 65-0349202				pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of S	tatus Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current Re	gistered Agent			Name and Add	Iress of New Re	gistered /	Agent	
			Name						
250	Chniuk, santiago Poinciana island dr.	Street Addres		Address (P.O.	Box Number is I	Not Acceptable)			
MIAN	AI FL 33160								
	,		City		<u>-</u>		FL	Zip Cod	de
The above	named entity submits this statement for the	he nurnose of changing its	registered office	or registered a	gent, or both, in	the State of Flor	ida.		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW! After MAY 1, 200 Make Check Payab		\$55 0 .00	J	n Campaign Fina und Contribution			00 May Be d to Fees
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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 1 and ress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

94/17/00

30x 491 2630

Daytime Phone #

CR2F034 (9/99