

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90021 044 ***150.00

DOCUMENT # 556670

1. Entity Name
TRAVEL CONNECTION, INC.

Principal Place of Business

7006 S.W. 87 AVE.
 MIAMI FL 33173

Mailing Address

7006 S.W. 87 AVE.
 MIAMI FL 33173

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 **59-1788232**

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

RAVEN, LENORE S.
8124 SW 81 TERRACE
MIAMI FL 33143

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
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	TRAKTMAN, GERALD	
STREET ADDRESS	1643 BRICKELL AVE #2102	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAVEN, LENORE S	
STREET ADDRESS	8124 SW 81 TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	FADER, ALBERT E	
STREET ADDRESS	650 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NEW YORK 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAVEN, ALAN	
STREET ADDRESS	8124 SW 81 TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATZ, SAMUEL V	
STREET ADDRESS	8380 SW 154TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAYOC, MADELINE	
STREET ADDRESS	1170 NE 170TH STREET	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lenore S. Raven*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/01

305 596 2665

CR2E034 (10/00)