

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62325

1. Entity Name

SUPER TRAVEL OF PALM BEACH, INC.

FILED

Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90276 045 ***150.00

Principal Place of Business

13860 WELLINGTON TRACE
STE 11
WELLINGTON FL 33414
US

Mailing Address

13860 WELLINGTON TRACE
STE 11
WELLINGTON FL 33414-8589
US

2. Principal Place of Business

3380 FAIRLANE FARMS

3. Mailing Address

SAMO

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

City & State

WES Palm Beach

City & State

Zip

FL

Country

US

Zip

33414

Country

US

4. FEI Number

65-0204379

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

CANO, MARIO S.
2121 PONCE DE LEON BLVD
#1035
CORAL GABLES FL 33134-5218

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

DARIO JELENCOVICH

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/25/00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JELENCOVICH, DARIO
STREET ADDRESS 13396 KINGSBURY DR
CITY-ST-ZIP WELLINGTON FL

☐ Delete

TITLE VT
NAME JELENCOVICH, LINDA
STREET ADDRESS 13396 KINGSBURY DR
CITY-ST-ZIP WELLINGTON FL

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 561 795 7600