

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L62325

1. Entity Name

SUPERTRAVEL OF PALM BEACH  
INC

**DO NOT WRITE IN THIS SPACE**

**55050794**

2. Principal Place of Business

3380 FAIRLANE FARMS BLVD

3. Mailing Address

11985 SOUTHERN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33414

County

PAIM BEACH

Zip

33414

County

PAIM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number

65.02 04379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

CANO, MARIO S.

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD

City

CORAL GABLES FL

Zip Code

33134-5218

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IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE PRESIDENT  
NAME DARIO JELENCOVICH  
STREET ADDRESS 11985 SOUTHERN BLVD #300  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DARIO JELENCOVICH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/02/03  
DATE

Daytime Phone #

CR2ED34B (12/01)