

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90128 006 ***150.00

V N I U T U



DO NOT WRITE IN THIS SPACE

DOCUMENT # M41772

1. Entity Name
ADVANTAGE TRAVEL BUREAU, INC.

Principal Place of Business 8260 NW 27 ST STE 407 MIAMI FL 33122 US	Mailing Address 8260 NW 27TH ST STE 407 MIAMI FL 33122 US
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2. Principal Place of Business 777 N.W. 72 AVE. Suite, Apt. #, etc. SUITE 38B53	3. Mailing Address 777 N.W. 72 AVE. Suite, Apt. #, etc. SUITE 38B53
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City & State MIAMI FL	City & State MIAMI, FL
Zip 33126	Zip 33126
Country USA	Country USA

4. FEI Number 65-0005137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KERESZTES, LASZLO
 8180 NW 36TH STREET STE # 100
 MIAMI FL 33166**

7. Name and Address of New Registered Agent
 Name **EDUARDO S. GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
**8180 N.W. 36 ST.
 SUITE 230**
 City **MIAMI** FL Zip Code **33166**

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 *L. LASZLO KERESZTES* / *Eduardo Gonzalez* **2-28-01**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERESZTES, LASZLO 2000 CORAL WAY MIAMI FL 33122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERESZTES, ISA 2000 CORAL WAY MIAMI FL 33122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D KERESZTES, LASZLO 777 N.W. 72 ST., STE. 38B53 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D 777 N.W. 72 ST., STE. 38B53 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *L. LASZLO KERESZTES* **2-28-01** **305-5914436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)