

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 17, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000012208**

1. Entity Name  
**BOOK IT TRAVEL, INC.**

Principal Place of Business 19165 TAMARA LANE JUPITER FL 33458	Mailing Address 19165 TAMARA LANE JUPITER FL 33458
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2. Principal Place of Business 127 RENAISSANCE CIRCLE Suite, Apt. #, etc.	3. Mailing Address 127 RENAISSANCE CIRCLE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JUPITER FL	City & State JUPITER FL	4. FEI Number <b>65-0978105</b>	Applied For <input type="checkbox"/>
Zip 33458	Country	Zip 33458	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 323012525 US

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **04/17/2001**  
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	D	<input type="checkbox"/> Delete	
NAME	PORTALES ALDO E		
STREET ADDRESS	19165 TAMARA LANE		
CITY-ST-ZIP	JUPITER FL 33458		
TITLE	D	<input type="checkbox"/> Delete	
NAME	PORTALES JILL A		
STREET ADDRESS	19165 TAMARA LANE		
CITY-ST-ZIP	JUPITER FL 33458		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTALES ALDO E		
STREET ADDRESS	127 RENAISSANCE CIRCLE		
CITY-ST-ZIP	JUPITER FL 33458		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTALES JILL A		
STREET ADDRESS	127 RENAISSANCE CIRCLE		
CITY-ST-ZIP	JUPITER FL 33458		
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			
STREET ADDRESS			
CITY-ST-ZIP			
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:** Jill A. Portales **D** 04/17/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)