Jul 24, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State DOCUMENT # P02000072229 07-24-2003 90123 002 ***150.00 1. Entity Name 07-24-2003 90123 001 *****8.75 LUXURY & ADVENTURE TRAVEL CONSULTANTS, ING Principal Place of Business Mailing Address 1689 HIATUS ROAD 1689 HIATUS ROAD **SUITE 1255 SUITE 1255** PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc., Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 220 4670 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAFRO, LINDA 8781 HOLLY COURT #201 TAMARAC FL 33321 ines 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. I am familiar the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F Delete TITLE Change BUNF NAME NAME HIAHUS ROAD # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Attachment

Luxury & Adventure Travel Consultants, Inc.

1689 Hiatus Road, Suite 1255 Pembroke Pines, FL 33026, USA Phone: 1-954-435-8748

Fax: 1-954-435-7644

Fax	DORAHONS From: JOANNE DYEN
To: PIVISION OF COM	
Fax:	Pages: Date: July 21, 2003
Phone:	
Re: FILING FEE	CC:
TO Whom This Mi	TY CONCERN,
Please NOTE that	DING A FILING FEE. This is the DING A FILING FEE. This is the Therefore Thave received 50 I Am therefore
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