

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077454

1. Entity Name

GO AWAY TRAVEL INC

Principal Place of Business

Mailing Address

15948 W STATE ROAD 84  
SUNRISE FL 33326  
US

15948 W STATE ROAD 84  
SUNRISE FL 33326-1235  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOBEL, JOHN L  
2550 JARDIN  
WESTON FL 33324

Name

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

2550 Jardin Terrace

City Weston

FL

Zip Code 33327

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 John L Sobel President John L Sobel

12-31-99

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS SOBEL, JOHN L  
CITY-ST-ZIP 2250 JARDIN  
WESTON FL 33327

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2550 Jardin Terrace  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS HURWITZ SOBEL, ELIZABETH A  
CITY-ST-ZIP 2550 JARDIN  
WESTON FL 33327

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2550 Jardin Terrace  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS HURWITZ, LYNDIA  
CITY-ST-ZIP 10423 HARRIET ST  
PLANTATION FL 33324

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10423 Harrier Street  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: John L Sobel President John L Sobel

12/31/99

954-349-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90005 044 \*\*\*150.00

00000100



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0612140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**