

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90007 015 \*\*\*150.00

**DOCUMENT # P95000077454**

1. Entity Name

**GO AWAY TRAVEL INC**

Principal Place of Business

**15948 W STATE ROAD 84  
SUNRISE FL 33326  
US**

Mailing Address

**15948 W STATE ROAD 84  
SUNRISE FL 33326  
US**

2. Principal Place of Business

**2700 Glades Circle**

3. Mailing Address

**2700 Glades Circle**

Suite, Apt. #, etc.

**Suite 122**

Suite, Apt. #, etc.

**Suite 122**

City &amp; State

**Weston, Florida**

City &amp; State

**Weston, Florida**

Zip

**33327**

Country

**USA**

Zip

**33327**

Country

**USA**

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**

6. Name and Address of Current Registered Agent

**SOBEL, JOHN L  
2550 JARDI N TR  
WESTON FL 33324**

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

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, 2002 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	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>SOBEL, JOHN L</b>	<b>2250 JARDIN TR</b>	<b>WESTON FL 33327</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>V</b>			
	<b>HURWITZ SOBEL, ELIZABETH A</b>	<b>2550 JARDIN TR</b>	<b>WESTON FL 33327</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>S</b>			
	<b>HURWITZ, LYNDA</b>	<b>1010 SEMINOLE DR 1409</b>	<b>FORT LAUDERDALE FL 33301</b>	

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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

**John L Sobel, President**

Date

**1/10/02**

Daytime Phone #

**954 349 2800**

CR2E034 (9/01)