

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095327

1. Entity Name

BR ONLINE TRAVEL CORP.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90091 034 \*\*\*150.00

Principal Place of Business Mailing Address  
1110 BRICKELL AVE., STE. 404 502 1110 BRICKELL AVE., STE. 404 502  
MIAMI FL 33131 MIAMI FL 33131-3135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
1110 Brickell Ave SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Miami FL

4. FEI Number 65-0874368 Applied For Not Applicable

Zip Country Zip Country  
33131 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARQUES, GERALDO  
1110 BRICKELL AVE., STE. 404 502  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
SUITE 502  
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, 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 D ☐ Delete  
NAME MARQUES, GERALDO  
STREET ADDRESS 1408 BRICKEL DR., APT. 303  
CITY-ST-ZIP MIAMI FL 33131

TITLE SAME ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 1450 Brickell Bay Dr #1509  
CITY-ST-ZIP SAME

TITLE D ☐ Delete  
NAME TISSI, LAURA  
STREET ADDRESS 1408 BRICKEL DR., APT. 303  
CITY-ST-ZIP MIAMI FL 33131

TITLE SAME ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 1450 Brickell Bay Dr #1509  
CITY-ST-ZIP SAME

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/00 305 379 0005  
Date Daytime Phone