

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-10-2000 90009 026 ***150.00
 08-22-2000 90004 010 ***400.00

DOCUMENT # S44982

1. Entity Name
R & R TRAVEL, INC. OF SOUTH FLORIDA

Principal Place of Business Mailing Address
6635 WEST COMMERCIAL BLVD. **6635 WEST COMMERCIAL BLVD.**
STE - 109 **STE - 109**
TAMARAC FL 33319-2141 **TAMARAC FL 33319-2141**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0253922** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 *Jeffrey Regitt*
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	PD	<input type="checkbox"/> Delete
NAME	REGITT, JEFFREY	
STREET ADDRESS	6635 W.COMMERCIAL BLVD. STE 109	
CITY-ST-ZIP	TAMARAC FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REGITT, JEFFREY	
STREET ADDRESS	6635 W.COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VO	<input type="checkbox"/> Delete
NAME	REGITT, MURRAY	
STREET ADDRESS	6635 W.COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jeffrey Regitt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)