

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 217454

1. Entity Name

FIRST NATIONAL TRAVEL SERVICE, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90066 005 \*\*\*150.00

Principal Place of Business

Mailing Address

7275 SW 42 CT  
DAVIE FL 33314  
US

KRUZEL BRASS P.A.  
8181 W BROWARD BLVD. H350  
PLANTATION FL 33324-2036  
US

2. Principal Place of Business

3. Mailing Address

6542 VIA TRENTO

6542 VIA TRENTO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

Zip

Country

Zip

Country

33446

USA

33446

USA

4. FEI Number

59-0608599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURST, HENRY  
7275 SW 42 COURT  
DAVIE FL 33314

Name: HENRY FURST

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

6542 VIA TRENTO

City DELRAY BEACH

FL

Zip Code 33446

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

*Henry Furst* (HENRY FURST)

(NOTE: Registered Agent signature required when reinstating)

DATE

April 25, 2000

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 P  
NAME FURST, HENRY  
STREET ADDRESS 7275 SW 42 COURT  
CITY-ST-ZIP DAVIE FL

☐ Delete

TITLE D  
NAME  
STREET ADDRESS 6542 VIA TRENTO  
CITY-ST-ZIP DELRAY BEACH, FL. 33446

☒ Change ☐ Addition

TITLE VST  
NAME MIRABILE, CARRIE  
STREET ADDRESS 613 NADINA PLACE  
CITY-ST-ZIP CELEBRATION FL 34747

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: *Henry Furst*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 561-638-3321

Date

Daytime Phone #