

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90044 041 \*\*\*150.00

0155443

**DOCUMENT # M31384**

1. Entity Name

**TRAVEL BUSINESS BUREAU, CORP.**

Principal Place of Business

% GERALDO B. SILVA  
 100 N. BISCAYNE, SUITE 901  
 MIAMI FL 33132

Mailing Address

100 N. BISCAYNE BLVD.  
 901  
 MIAMI FL 33132  
 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 **59-2668791**

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

SILVA, GERALDO B.  
 13499 BISCAYNE BLVD. APT. #1606  
 MIAMI FL 33181

Name

**ROSANA LEONEL**

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

**13499 BISCAYNE BLVD #1210**

City

**NORTH MIAMI**

FL

Zip Code

**33181**

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

*X Rosana*

**ROSANA LEONEL**

**3/22/01**

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, 2001 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 checked="" type="checkbox"/> Delete
NAME	SILVA, GERALDO B.	
STREET ADDRESS	13499 BISCAYNE BLVD, #1606	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	LEONEL, ROSANA	
STREET ADDRESS	13499 BISCAYNE BLVD, SUITE 1210	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONEL, ROSANA.	
STREET ADDRESS	13499 BISCAYNE BLVD. #1210	
CITY-ST-ZIP	N. MIAMI, FL. 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *X Rosana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROSANA LEONEL, PRES.** **3/22/01** **(305) 374-5575**

Date

Daytime Phone #

CR2E034 (10/00)