FILED Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90133 013 ***150.00

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

M31384 DOCUMENT #

1. Entity Name

TRAVEL BUSINESS BUREAU, CORP.

Principal Place of Business

Mailing Address

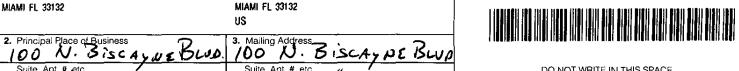
% CERALDO B: SILVA 100 N. BISCAYNE, SUITE 901 100 N. BISCAYNE BLVD

Suite, Apt. #, etc

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MIAMI FL 33132



4. FEI Number Applied For 59-2668791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

LEONEL, ROSANA 13499 BISCAYNE BLVD #1210 **MIAMI FL 33181**

SIGNATURE

110				
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Street Address (P.O. Box Number is Not Acceptable)

City

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.

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

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

7. Name and Address of New Registered Agent

\$5.00 May Be Added to Fees

Zip Code

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE PSD ☐ Delete TITLE ☐ Addition NAME LEONEL, ROSANA NAME STREET ADDRESS 13499 BISCAYNE BLVD, SUITE 1210 STREET ADDRESS CITY-ST-ZIP north Miami Fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01