

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

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

7. Name and Address of New Registered Agent

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)

April 25, 2000

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

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

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

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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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 #