

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 239549

1. Entity Name

OFFICIAL INFORMATION CENTER, INC. AND TRAVEL AGE

Principal Place of Business

8927 EMERSON AVE.  
SURFSIDE FL 33154

Mailing Address

8927 EMERSON AVENUE  
SURFSIDE FL 33154  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1000 QUAYSIDE TERR

Suite, Apt. #, etc.

TOWER 1/#902

City & State

MIAMI, FLORIDA

Zip

33138-2220

Country

U.S.A.

4. FEI Number 59-1022043

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

BLUMENKRANZ, LEONA F.  
8927 EMERSON AVE  
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name LEONA F. BLUMENKRANZ

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

1000 QUAYSIDE TERR

TOWER 1/#902

City

MIAMI

FL

Zip Code

33138-2220

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

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

TITLE PD  
NAME BLUMENKRANZ, HERMAN  
STREET ADDRESS 8927 EMERSON AVENUE  
CITY-ST-ZIP SURFSIDE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ~~HERMAN BLUMENKRANZ~~  
STREET ADDRESS ~~1000 QUAYSIDE TERR TOWER 1/#902~~  
CITY-ST-ZIP ~~MIAMI FL 33138-2220~~ ☒ Change ☐ Addition

TITLE PD  
NAME HERMAN BLUMENKRANZ  
STREET ADDRESS 1000 QUAYSIDE TERR. TOWER 1-#902  
CITY-ST-ZIP MIAMI FLORIDA 33138-2220 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: HERMAN BLUMENKRANZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)