

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 314993**

1. Entity Name  
**ALOHA TRAVEL AGENCY INC**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90210 030 \*\*\*150.00

Principal Place of Business <b>2216 E OAKLAND PK BLVD FT LAUDERDALE FL 33306 US</b>	Mailing Address <b>3101 NE 47TH CT #503 FT LAUDERDALE FL 33308-5352 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>301 NE 47th</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>503</b>
City & State	City & State <b>W. Lauderdale FL</b>
Zip	Country
<b>33308</b>	<b>USA</b>

4. FEI Number <b>59-1162132</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ERLSTEN, CECILE M.  
3101 N.E. 47TH CT.  
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ERLSTEN, CECILE M 3101 NE 47TH CT #503 FORT LAUDERDALE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Cecile M. Erlsten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/2000** Daytime Phone #: **954-271-8786**

CR2E034 (9/99)