

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **413987**

1. Entity Name

INVERRARY TRAVEL INC.

Principal Place of Business

Mailing Address

**5567 WEST OAKLAND PARK BLVD
LAUDERHILL, FLA 33313**

2. Principal Place of Business

5565 W. OAKLAND PARK BLVD LAUDERHILL, FLA

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERHILL, FLA

City & State

Zip

33313

Country

BROWARD

Zip

Country

4. FEI Number

59-1457274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

A0035491

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BETTE WEBER
545 WATERMARK ST. APT 404
DANIA, FLA 33004**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BETTE WEBER	
STREET ADDRESS	545 WATERMARK ST APT 404	
CITY-ST-ZIP	DANIA, FLA 33004	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	TAWNY C. MUNOZ	
STREET ADDRESS	3141 SUNSET CIRCLE	
CITY-ST-ZIP	MARGATE, FLA 33063	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Bette L. Weber **PRESIDENT BETTE L. WEBER** 3/30/00 954-735-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)