04/05/2002 15:45 4078547101 CARROLL S.

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
02 MAY 28 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 431747

1. Entity Name

BTM TRAVEL GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11052 Satellite Blvd	11052 Satellite Blvd
Suite, Apt. #, etc. Regency Industrial Park	Suite, Apt. #, etc. Regency Industrial Park
City & State Orlando, FL	City & State Orlando, FL
Zip 32837 Country USA	Zip 32837 Country USA

4. FEI Number 59-1482614 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARROLL S. BARCO

Street Address (P.O. Box Number is Not Acceptable): 709 Waltham Avenue

City: Orlando FL Zip Code: 32809

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: CARROLL S. BARCO
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where applicable) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP
D/P/S DeSousa, Rene G. 10101 Collins Ave., #11A Bal Harbour, FL 33154
V/T Pineda, Luis 13747 Waterhouse Way Orlando, FL 32828

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
400005753674--6 -06/11/02--01077--002 *****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

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 in an attachment with an address, with all other like empowered.

SIGNATURE: April 10, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B