

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91594 045 ***550.00

0206494
 AV

DOCUMENT # 484889

1. Entity Name

TRAVEL MATE, INC.

Principal Place of Business

1001 N. AMERICA WAY
 SUITE 106
 MIAMI FL 33132

Mailing Address

1001 N. AMERICA WAY
 SUITE 106
 MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1716863**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDBERG, LARUE
 575 NE 127TH ST
 NORTH MIAMI FL 33161

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, 2002 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
 PSTD
 LINDBERG, LARUE
 575 NE 127 STR
 N MIAMI FL 33161 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 LARUE LINDBERG
 555 N. E 15 Street #16-K
 Miami, FL 33132 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VDTD
 LINDBERG, DAVID
 2700 N. HAYDEN ROAD
 SCOTTSDALE AZ ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DAVID LINDBERG
 5450 E. McLELLAN ROAD #217
 MESA, AZ. 85205 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28/02 (305) 358-0942
 Date Daytime Phone #

CR2E034 (9/01)