2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am **DOCUMENT # 486680** Secretary of State 1. Entity Name UNITED STATES TRAVEL CORPORATION 02-28-2001 90084 017 ***150.00 Principal Place of Business Mailing Address 12376 SW 82ND AVE. 12376 SW 82ND AVE. MIAMI FL 33156 MIAMI FL 33156 00020285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1631261 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHUMATE, MARY K Street Address (P.O. Box Number is Not Acceptable) 12376 SW 82ND AVE. MIAMI FL 33156 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 app DATE (NOTE: Registered Agent signature required whe stating) EILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICER AND DIRECTORS CR2E034 (10/00) ☐ Delete Change ☐ Addition TITLE TITLE SHUMATE, MARY K. NAME NAME 12376 SW 82ND AVE. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP n Addition ☐ Delete Change TITLE TITLE SHUMATE, MARY K. NAME NAME 12376 SW 82ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP VSD ☐ Change Addition TITLE ☐ Delete TITLE STUBBS, ERNI NAME NAME 12376 SW 82ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE SHUMATE, MARY K. NAME NAME 12376 SW 82ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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 eport is true and accordate 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all otherwise empowered.

FILED