

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90127 002 ***150.00

DOCUMENT # 490921

1. Entity Name
B.L. TRAVEL, INC.



Principal Place of Business
**2801 BLUE RIDGE RD
RALEIGH NC 27607
US**

Mailing Address
**2801 BLUE RIDGE RD
RALEIGH NC 27607
US**



2. Principal Place of Business

5171 Glenwood AVE

3. Mailing Address

5171 Glenwood AVE

Suite, Apt. #, etc.

SUITE 111

Suite, Apt. #, etc.

SUITE 111

City & State

RALEIGH, NC

City & State

RALEIGH, NC

Zip

27612

Country

USA

Zip

27612

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1643838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERK, ARTHUR J
848 BRICKELL AVENUE
SUITE 200
MIAMI FL 33181**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **LASKY, HERTHA M.**
STREET ADDRESS **2801 BLUE RIDGE RD.**
CITY-ST-ZIP **RALEIGH NC**

TITLE **V** ☐ Delete
NAME **SHERMAN, MICHAEL A.**
STREET ADDRESS **2801 BLUE RIDGE RD.**
CITY-ST-ZIP **RALEIGH NC**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Mrs** ☒ Change ☐ Addition
NAME **HERTHA M Lasky**
STREET ADDRESS **5171 Glenwood AVE, SUITE 111**
CITY-ST-ZIP **RALEIGH, NC 27612**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Michael A Sherman**
STREET ADDRESS **5171 Glenwood Ave, Suite 111**
CITY-ST-ZIP **RALEIGH, NC 27612**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael A Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

919-782-1900

Date Daytime Phone #

CR2E034 (10/02)