

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
 03-21-2001 90056 002 \*\*\*150.00

**DOCUMENT # 540944**

1. Entity Name  
**AROUND THE WORLD TRAVEL, INC.**

Principal Place of Business <b>1701 PONCE DE LEON BLVD          CORAL GABLES FL 33134          US</b>	Mailing Address <del>PO BOX 149005</del> <del>CORAL GABLES FL 33114 005</del> <del>US</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>1701 Ponce de Leon Blvd</b> Suite, Apt. #, etc.
City & State	City & State <b>Coral Gables, FL</b>
Zip	Country
<b>33134</b>	<b>USA</b>

4. FEI Number <b>59-1746968</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ST. CLAIR, KEITH  
 1701 PONCE DE LEON BLVD  
 CORAL GABLES FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>ELIAS, PATRICIA H.</b> <b>3831 EL PRADO BLVD.</b> <b>COCONUT GROVE FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HASSINE, MICHELE</b> <b>11 GROVE ISLE #1210</b> <b>COCONUT GROVE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HASSINE, SIMON</b> <b>11 GROVE ISLE #1210</b> <b>COCONUT GROVE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HASSINE, JACKIE</b> <b>11 GROVE ISLE #1210</b> <b>COCONUT GROVE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>HASSINE, CATHY</b> <b>1801 ESPANOLA DRIVE</b> <b>COCONUT GROVE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ELIAS, MARK</b> <b>10000 SW 60 CT</b> <b>MIAMI FL</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHIEF EXECUTIVE OFFICER</b> <b>KEITH ST. CLAIR</b> <b>999 PONCE DE LEON BLVD STE 915</b> <b>CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAMES R. TOLBIEN</b> <b>999 PONCE DE LEON BLVD STE 915</b> <b>CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JAMES H. REYNOLDS</b> <b>999 PONCE DE LEON BLVD STE 915</b> <b>CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT / GEN. COUNSEL</b> <b>WILLIAM R. REISS</b> <b>999 PONCE DE LEON BLVD STE 915</b> <b>CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: William R. Reiss **WILLIAM R. REISS** 1/25/01 305-567-0484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)