

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 541263

1. Entity Name  
TRAVEL DELIGHT, INC.

Principal Place of Business

2575 COLLINS AVE  
STE 9  
MIAMI BCH FL 33140

Mailing Address

2575 COLLINS AVE  
STE 9  
MIAMI BCH FL 33140

2. Principal Place of Business

1325 N. BISCAYNE PT. RD.  
Suite, Apt. #, etc.

3. Mailing Address

1325 N. BISCAYNE PT. RD.  
Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH

4. FEI Number

59-1754302

Applied For

Not Applicable

Zip

33141

Country

U.S.A.

Zip

FL

Country

33141

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

CID, MURIEL  
2555 COLLINS AVENUE SUITE 9  
MIAMI FL 33140

Name

MURIEL CID

Street Address (P.O. Box Number is Not Acceptable)

1325 N. BISCAYNE PT. RD.

City

MIAMI BEACH

FL

Zip Code

33141

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CID, MURIEL	
STREET ADDRESS	1325 N BISCAYNE PT RD	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

MURIEL B. CID

Date

4/27/01

Daytime Phone #

305 864-7859

FILED  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90117 006 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)