

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 556670

1. Entity Name

TRAVEL CONNECTION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90033 024 ***150.00

Principal Place of Business

7006 S.W. 87 AVE.
MIAMI FL 33173

Mailing Address

7006 S.W. 87 AVE.
MIAMI FL 33173-2506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1788232

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

RAVEN, LENORE S.
8124 SW 81 TERRACE
MIAMI FL 33143

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, 2000 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 **TD** ☐ Delete
NAME **TRAKTMAN, GERALD**
STREET ADDRESS **20425 HIGHLAND LK BLVD**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☒ Change ☐ Addition
NAME **TRAKTMAN, GERALD**
STREET ADDRESS **1643 BRICKER AVE #2102**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **PD** ☐ Delete
NAME **RAVEN, LENORE S**
STREET ADDRESS **8935 SW 83RD STREET**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
NAME **LENORE S RAVEN**
STREET ADDRESS **8124 SW 81 TERRACE**
CITY-ST-ZIP **MIAMI, FLA 33143**

TITLE **V** ☐ Delete
NAME **FADER, ALBERT E**
STREET ADDRESS **650 PARK AVENUE**
CITY-ST-ZIP **NEW YORK, NEW YORK 00000**

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

TITLE **V** ☐ Delete
NAME **RAVEN, ALAN**
STREET ADDRESS **8124 SW 81 TERRACE**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MIAMI, FLA 33143**

TITLE **SD** ☐ Delete
NAME **MATZ, SAMUEL V**
STREET ADDRESS **8380 SW 154TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 00000**

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

TITLE **V** ☐ Delete
NAME **SAYOC, MADELINE**
STREET ADDRESS **1170 NE 170TH STREET**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ Change ☐ 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: **LENORE S RAVEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/00 (305) 596-2665
Date Daytime Phone #

CR2E034 (9/99)