2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90050 019 ***150.00

DOCUMENT # 558877

1. Entity Name
GLADES TRAVEL SERVICE, INC.

✓

Principal Place of Business	Mailing Address
40 SW AVE. B, STE. 1 BELLE GLADE FL 33430	40 SW AVE. B, STE. 1 BELLE GLADE FL 33430-3452

A000J0136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
18 NE Ave. E		18 NE Ave.e E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Belle Glade, FL		City & State: Belle Glade, FL	
Zip: 33430	Country: USA	Zip: 33430	Country: USA

4. FEI Number 59-1830343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RONGIONE, TINA
40 SW AVE. B, STE. 1
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 18 NE Ave. E

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, 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

TITLE	ST	☐ Delete
NAME	RONGIONE, EDWARD	
STREET ADDRESS	18 NE AVE E	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	P	☐ Delete
NAME	RONGIONE, TINA L	
STREET ADDRESS	18 NE AVE E	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Tina Rongione 16 March 01 561-996-4136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #