

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90036 044 ***150.00

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DOCUMENT # 662454

1. Entity Name
TRAVEL TIME BUREAU INC.

Principal Place of Business
1640 E HALLANDALE BCH BLVD
HALLANDALE FL 33009
US

Mailing Address
1640 E HALLANDALE BCH BLVD
HALLANDALE FL 33009
US



2. Principal Place of Business

3. Mailing Address

1640 E HALLANDALE BCH BLVD
 Suite, Apt. #, etc.

1640 E HALLANDALE BCH BLVD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE FL 33009
 Zip
33009

City & State
HALLANDALE FL
 Zip
33009

4. FEI Number
59-2001670

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

COHEN, ALEBERTO
1640 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Name
 Street Address (P.O. Box Number is Not Acceptable)
1640 E HALLANDALE BCH BLVD
 City
HALLANDALE FL Zip Code
33009

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

2/23/02

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, 2002 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	COHEN, ALBERTO	
STREET ADDRESS	740 SW 100TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, ELIAHOU	
STREET ADDRESS	740 SW 100TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	COHEN, REBECCA	
STREET ADDRESS	740 SW 100TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/02

Date

Daytime Phone #

CP2E034 (9/01)