

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696979

1. Entity Name

FRIENDSHIP TRAVEL, INC.

Principal Place of Business

Mailing Address

2027 UNIVERSITY DR.
CORAL SPRINGS FL 33071-6132

2027 UNIVERSITY DR.
CORAL SPRINGS FL 33071-6132

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

NOT APPLICABLE

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

ISCARO, PATRICIA
2027 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Name

MICHELLE FEE

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

2027 UNIVERSITY DRIVE

City

CORAL SPRINGS

FL

Zip Code

33065

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

Michelle Fee

MICHELLE FEE

1-4-00

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 PD ☐ Delete
NAME FEE, MICHELLE
STREET ADDRESS 2027 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE TD ☐ Delete
NAME SPERANZA, SUSAN
STREET ADDRESS 2027 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE VD ☐ Delete
NAME KORN, LYNN
STREET ADDRESS 2027 UNIVERSITY DR.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5909 NW 126th TERR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE SD ☐ Delete
NAME ISCARO, PATRICIA
STREET ADDRESS 2027 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE D ☐ Delete
NAME ISCARO, ANTHONY
STREET ADDRESS 2027 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE ☐ Delete
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:

Michelle Fee

MICHELLE FEE

1-4-00

954-755-3977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)