2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000005886

Entity Name

NATIONAL SMALL BUSINESS TRAVEL & HEALTH ASSOCIATION, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90196 011 ***150.00

Principal Place of Business 10181 WEST SAMPLE ROAD. SUITE 204 CORAL SPRINGS FL 33065)4 10181	Mailing Address 10181 WEST SAMPLE ROAD. SUITE 204 CORAL SPRINGS FL 33065								
2. Principal Place of Business		3. M	ailing Address								
Suite, Apt. #, etc.		-	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		(City & State			4. FEI Number 43-1633513			<u> </u>	Applied For Not Applicable	
Zip Country		try 2	Zip Col			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
		ress of Current Registe				7. Name and Add					
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BLOOM, MICHAEL S ESQ. 4340 SHERIDAN STREET, SUITE 102 HOLLYWOOD FL 33021			Street Addres		ddress (F	ss (P.O. Box Number is Not Acceptable)					
HULLTWU	JUD FL 33021										
				City				FL	Zip Cod	е	
	named entity submits	this statement for the pu	rpose of changing its	registered office or	r registere	ed agent, or both, in	the State of Florid	da. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed nar	ne of registered agent and title if a	pplicable. (NOTE	: Registered Agent signate	ture required v	when reinstating)		DATE	<u>.</u>		1
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.				Make Check Payable to Florida Department of State			1	
	FILE NOW: FEE IS	S \$61.25				\$5.00 May Be Added to Fees					
			Trust Fund Co	ontribution.	<u> </u>	Added to Fees	Florida	Departr	nent of	State	
10.	OFF	S \$61.25	Trust Fund Co	ontribution.	<u> </u>	\$5.00 May Be Added to Fees	Florida	Departr	ment of S	State	
10.	OFI PC	FICERS AND DIRECTOR	Trust Fund Co	11.	<u> </u>	Added to Fees	Florida	Departr	nent of	State	0/02)
10. TITLE NAME	PC DISMORE, WILLIAM	FICERS AND DIRECTOR	Trust Fund Co	ontribution.	<u> </u>	Added to Fees	Florida	Departr	ment of S	State	7 (10/02)
10. TITLE NAME STREET ADDRESS	PC DISMORE, WILLIAM	FICERS AND DIRECTOR	Trust Fund Co	11. TITLE NAME	<u> </u>	Added to Fees	Florida	Departr	ment of S	State	E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PC DISMORE, WILLIAM 10181 WEST SAMP CORAL SPRINGS F	FICERS AND DIRECTOR	Trust Fund Co	11. TITLE NAME STREET ADDRESS	<u> </u>	Added to Fees	Florida	Departr	ment of S	State	CR2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PC DISMORE, WILLIAM 10181 WEST SAMP CORAL SPRINGS F VVC GORDON, JERRY	PLE ROAD, SUITE 204	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	<u> </u>	Added to Fees	Florida	Departr	ment of \$ ECTORS IN	State	CR2E037 (10/02)
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PC DISMORE, WILLIAM 10181 WEST SAMP CORAL SPRINGS F VVC GORDON, JERRY 10181 WEST SAMP	PLE ROAD, SUITE 204	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<u> </u>	Added to Fees	Florida	Departr	ment of \$ ECTORS IN	State	CR2E037 (10/02)
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PERSON PERSON

1/20/

954 227.8449