

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90050 005 ***150.00

DOCUMENT # F02000002333

1. Entity Name
PROFESSIONAL TOUCH INTERNATIONAL TRAVEL, INC.



Principal Place of Business
TWO OAK WAY
BERKELEY HEIGHTS NJ 07922

Mailing Address
TWO OAK WAY
BERKELEY HEIGHTS NJ 07922

2. Principal Place of Business

204 Eagle Rock Ave.
Suite, Apt. #, etc.

3. Mailing Address

204 Eagle Rock Ave.
Suite, Apt. #, etc.

City & State

Roseland, NJ

City & State

Roseland, NJ

Zip

07068

Country

Zip

07068

Country

4. FEI Number 22-2520717

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MURPHY, EUGENE W JR
340 ROYAL PALM WAY, STE. 100
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name Aversa, Deborah
Street Address (P.O. Box Number is Not Acceptable)
Admiralty Tower
4400 PGA Blvd - Suite 301
City Palm Beach Gardens FL Zip Code 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deborah F. Aversa, Pres.

Deborah F. Aversa

4/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME AVERSA, DEBORAH F
STREET ADDRESS TWO OAK WAY
CITY-ST-ZIP BERKELEY HEIGHTS NJ 07922 ☐ Delete

TITLE VCST
NAME AVERSA, GIOVANNI B
STREET ADDRESS TWO OAK WAY
CITY-ST-ZIP BERKELEY HEIGHTS NJ 07922 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME AVERSA, DEBORAH F. ☒ Change ☐ Addition
STREET ADDRESS 4400 PGA BLVD - SUITE 301
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VCST
NAME AVERSA, GIOVANNI B. ☒ Change ☐ Addition
STREET ADDRESS 4400 PGA BLVD - SUITE 301
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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

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

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

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

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 607, 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:

SIGNATURE

Deborah F. Aversa, Pres. *Deborah F. Aversa, President* 561 776-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)