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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

000928.182538

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
3/14/13

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
ULTRAMAR TRAVEL MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS

04/15/2013

09:58

(FAX)

P.003/006

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ULTRAMAR TRAVEL MANAGEMENT, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOELLE CHURIK

Name of Person

NRAI CORPORATE SERVICES, INC.

Firm/Company

200 WEST ADAMS STREET, SUITE 2007

Address

CHICAGO, IL 60606

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOELLE CHURIK

at (312) 346-3606

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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04/15/2013 09:57

(FAX)

P.001/006



April 12, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORDIRECT AGENTS, INC.

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
3/14/13

SUBJECT: ULTRAMAR TRAVEL MANAGEMENT, INC.
REF: W13000021484

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

The certificate of status is not legible.

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000059089
Letter Number: 313A00008757

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

P.O. BOX 6327 - Tallahassee, Florida 32314

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ULTRAMAR TRAVEL MANAGEMENT, INC.,
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW YORK
(State or country under the law of which it is incorporated)
3. _____
(FBI number, if applicable)
4. 04/23/1947
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 14 EAST 47TH STREET, NEW YORK, NY 10017
(Principal office address)
14 EAST 47TH STREET, NEW YORK, NY 10017
(Current mailing address)
8. Travel Arrangements
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Rd
Plantation, FL, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.
By: [Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records under the law of which it is incorporated.

FILED
13 MAR 14 AM 10:02
DEPT. OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: PETER KLEBANOWAddress: 14 EAST 47TH STREET, NEW YORK, NY 10017

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PETER KLEBANOWAddress: 14 EAST 47TH STREET, NEW YORK, NY 10017

Vice President: _____

Address: _____

Secretary: Michel BOTBOLAddress: 14 EAST 47TH STREET, NEW YORK, NY 10017Treasurer: Michel BOTBOL, 14 EAST 47TH STREET, NEW YORK, NY 10017

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. MICHEL BOTBOL, SECRETARY

(Typed or printed name and capacity of person signing application)

13 MAR 14 AM 10:02
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STATE
TREASURER, FLORIDA

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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ULTRAMAR TRAVEL MANAGEMENT, INC. was filed on 04/23/1947, under the name of ULTRAMAR TRAVEL BUREAU INC., fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment ULTRAMAR TRAVEL BUREAU INC., changing its name to ULTRAMAR TRAVEL MANAGEMENT, INC., was filed 12/20/2010.



201303110442 * 30.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of March
two thousand and thirteen.

Daniel Shapiro
Special Deputy Secretary of State

FILED
13 MAR 14 AM 10:02
STATE OF NEW YORK
ALBANY, NEW YORK

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