

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003217

1. Entity Name

AUSTRAVEL INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 11 AM 8:10

00068868

Principal Place of Business

Mailing Address

FIRST UNION CENTER  
1512 EAST BROWARD BLVD STE 302  
FT. LAUDERDALE FL 33301

FIRST UNION CENTER  
1512 EAST BROWARD BLVD STE 302  
FT. LAUDERDALE FL 33394-0001

2. Principal Place of Business

NATIONS BANK TOWER

3. Mailing Address

NATIONS BANK TOWER

Suite, Apt. #, etc.

FINANCIAL PLACE SUITE 140

Suite, Apt. #, etc.

FINANCIAL PLACE SUITE 140

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE, FL

Zip

33394

Country

USA

Zip

33394

Country

USA.

4. FEI Number

13-3395235

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156

Name

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

City

FL

Zip Code

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	BATHE, ANDREW	62 ORANGE GARDENS PINNER	MIDDLESEX UK HA7- 1LU	
V	HARVEY, CAROLYN	TOWERHEAD BANWELL	AVON UK BS29- 6PQ	
S	WISE, AARON N	C/O 440 PARK AVE. SOUTH	NEW YORK NY 10028	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	SANDRA LEACH	12 MONTEPELIER PLACE	LONDON SW7	
VP	ANDREW CHAPMAN	5 SPRINGFIELD TWBRIDGE WELLS	KENT TN2 3NY	
VP	JANE JONES	3A HENLEAZE PARK DR	BRISTOL BS9 4LL	
S	WISE, AARON N.	C/O SILLERWICK 747 3RD AVE	NEW YORK, NY 10017-2803	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (9/99)