

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91452 011 ***150.00

0290567 AV

DOCUMENT # F96000003677

1. Entity Name
TRAVEL SYSTEMS ABROAD, INC.



Principal Place of Business

1680 MICHIGAN AVE

804

MIAMI BEACH FL 33139

US

Mailing Address

1680 MICHIGAN AVE

804

MIAMI BEACH FL 33139

US

2. Principal Place of Business

6550 S.W. 39th ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

B

City & State

DAVIE, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. FEI Number

86-0528725

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

MORALES, VIRGINIA

1680 MICHIGAN AVENUE

SUITE 004 SUITE B

MIAMI BEACH FL 33139

6550 Southwest 39th ST

DAVIE, FL 33314

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

5-1-03

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 **P** ☐ Delete

NAME **COTTAM, JAMES J**

STREET ADDRESS **1746 E. JEANINE DRIVE**

CITY-ST-ZIP **TEMPE AZ 85284**

TITLE **S** ☐ Delete

NAME **COTTAM, CAROL**

STREET ADDRESS **1746 E. JEANINE DRIVE**

CITY-ST-ZIP **TEMPE AZ 85284**

TITLE **V** ☐ Delete

NAME **KRAUSE, HANS**

STREET ADDRESS **IM SONNENPUTZ 19, 53129 BONN**

CITY-ST-ZIP **GERMANY**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Virginia Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date

480-345-6630

Daytime Phone #

CR2E034 (10/02)