

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90042 046 ***150.00

DOCUMENT # F98000004343

1. Entity Name
TRAVEL PLAN USA INC.

Principal Place of Business Mailing Address
1001 AVENUE OF THE AMERICAS **1001 AVENUE OF THE AMERICAS**
8TH FLOOR **8TH FLOOR**
NEW YORK NY 10018 **NEW YORK NY 10018**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-3891523** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **ARINO, GERARDO**
 STREET ADDRESS **1001 AVE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10018**

TITLE ☒ Change ☐ Addition
 NAME **Pres, Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **STO CUSI, MIGUEL ANGEL**
 STREET ADDRESS **1001 AVE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10018**

TITLE ☐ Change ☒ Addition
 NAME **STO, VP**
 STREET ADDRESS **MORENO, MILTON**
 CITY-ST-ZIP **1001 Ave of the Americas**
NEW YORK, NY 10018

TITLE ☒ Delete
 NAME **PCD CALDEIRO, ANTONIO**
 STREET ADDRESS **PLAZA DE ESPANA 18 - PLANTA 2, OF, DCHA**
 CITY-ST-ZIP **TORRE DE MADRID 28008 MADRID**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

9-20-2002 **(212) 944-4919**

Date Daytime Phone #

CR2E034 (9/01)