2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # **F99000005493** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name TRAVELPRO INTERNATIONAL OF SOUTH FLORIDA, INC. 04-24-2000 90013 037 ***158.75 Principal Place of Business Mailing Address 700 BANYAN TRAIL 700 BANYAN TRAIL BOCA RATON FL 33431-5602 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2438110 Not Applicable Country \$8.75 Additional Zip Country × 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EARLEY, MELINDA Street Address (P.O. Box Number is Not Acceptable) 700 BANYAN TRAIL **BOCA RATON FL 33431** Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) . See See See See See Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CE0 TITLE Change ☐ Addition ☐ Delete TITLE BALLIS, KIMON NAME NAME STREET ADDRESS **700 BANYAN TRAIL** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SHEA, JOHN STREET ADDRESS STREET ADDRESS 345 PARK AVENUE CITY-ST-ZIP CITY - ST- ZIP **NEW YORK NY 10154** ☐ Change Addition ☐ Delete TITLE TITLE NAME EARLEY, MELINDA NAME STREET ADDRESS STREET ADDRESS 700 BANYAN TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition Change TITLE ☐ Delete TITLE PETRILLO, PETER NAME NAME STREET ADDRESS STREET ADDRESS 345 PARK AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10154** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME SANDERS, LEONARD NAME STREET ADDRESS STREET ADDRESS 4875 DES GRANDES PRAIRIES BLVD. CITY-ST-ZIP CITY-ST-7IP MONTREAL, QUEBEC, CANADA Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

OR DIRECTOR