

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G44254

1. Entity Name

COSMOPOLITAN TRAVEL, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90079 035 ***158.75

Principal Place of Business

Mailing Address

HARLEY HOTELNN
151 E. WAHSINGTON. SUITE 1
ORLANDO FL 32801

HARLEY HOTELNN
151 E. WAHSINGTON. SUITE 1
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

1216 E. CONCORD ST.

1216 E. CONCORD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ORLANDO FL ~~32801~~

ORLANDO, FLORIDA

Zip 32803

Country USA

Zip 32803

Country USA

4. FEI Number

59-3414595

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

BERNYS, PATRICIA A
406 MONTICELLO DR
ALTAMONTE SPGS FL 32701

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

Patricia A Bernys Pres.

2/16/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME BERNYS, PATRICIA
STREET ADDRESS 304 MONTICELLO DR
CITY-ST-ZIP ALTAMONTE SPGS FL 32701 ☐ Delete

TITLE P.S.T.D.
NAME Bernys, Patricia
STREET ADDRESS 304 Monticello Dr.
CITY-ST-ZIP ALTAMONTE Springs FL 32701 ☒ Change ☐ Addition

TITLE D
NAME MALONEY, SUSAN
STREET ADDRESS 123 NOBLE AVE
CITY-ST-ZIP E. SYRACUSE NY 13203 ☒ Delete

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

TITLE ~~DELETED~~
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Patricia A Bernys

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000

DATE

4074229944

Daytime Phone #

CR2E034 (9/99)