FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90204 028 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G80697 **DOCUMENT #**

1. Entity Name

INTERNATIONAL TRAVEL SERVICE OF BROWARD, INC.



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3332 NE 33 S	ce of Business ST. ALE FL 33308-71	3332	Mailing Address 3332 NE 33 ST. FT LAUDERDALE FL 33308-7133											
	7,00		11.0	ODENDACE TE 000	00-7100									
2. Principal F	Place of Busine	3. Mai	3. Mailing Address											
Suite, Apt	:. #, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & Sta	ite	City	City & State				4. FEI Number 59-2348350						pplied For	
Zip Country			Zip	Zip Coun			5. Certificate of Status Desir				الجيا	\$8.75 Ac		
	6. Name a	d Agent				7 Nan	ne and Add	race of Na	w Par	ictored				
						Name		7. (42)	ie aliu Auu	icas UI IN	an nei	Aleter	Agent	
-THOMPSO			SA	BBA	2775									
						SALLY T. BB-2775 Street Address (P.O. Box Number is Not Acceptable) 3332 NE 33 R.b. ST								
3055 CENTER AVE. FORT LAUDERDALE FL						33	32_	NE	<u> 331</u>	37	ST			- ·
		City			4 4	LAUDER DALE FL					Zip Code 3330 8			
8. The above the obligat	e named entity s tions of register	submits this statemer ed agent.	nt for the purp	ose of changing its	registere	d office o	r registere	ed agent,	or both, in t	he State c	of Florid	da. ¡I am	familiar with	, and accept
SIGNATURE	SALLY	TiBBETTS printed name of registered a	·	Sally.	Til	Lett.	<u> </u>		nes.			2/1	0/03	
	Signature, typed or	printed name of registered a	gent and title if app	icable. /(NOT	E: Registered	Agent signal	ture required	when reinsta	ting)			BATE		
e) Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550. Torida Departmen							9. Election Trust Fur	Campaigr nd Contrib		ncing , l	\$ 5. (00 May Be d to Fees
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indicated on this report or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: