

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H16443

1. Entity Name

PROFESSIONAL TRAVEL ASSOCIATES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90037 019 ***150.00

Principal Place of Business

Mailing Address

1846 NOB HILL RD
PLANTATION FL 33322
US

1846 NOB HILL RD
PLANTATION FL 33322-6548
US

LU027602

2. Principal Place of Business

11920 SW 22 CT

Suite, Apt. #, etc.

3. Mailing Address

11920 SW 22 CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL.

Zip 33325

Country USA

City & State

DAVIE FL.

Zip 33325

Country USA

4. FEI Number

59-2441641

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

SCHMIDT, CELIA
11920 SW 22 CT
DAVIE FL 33325

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 Celia Schmidt CELIA SCHMIDT, PRES

Jan 18, 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	S	<input type="checkbox"/> Delete
NAME	SCHMIDT, MARK	
STREET ADDRESS	11920 SW 22 CT,	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMIDT, CELIA	
STREET ADDRESS	11920 SW 22 CT,	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, JUSTIN	
STREET ADDRESS	11920 SW 22 CT,	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTEL, HARVEY	
STREET ADDRESS	11920 SW 22 CT,	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUM, ETHEL	
STREET ADDRESS	11920 SW 22 CT,	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Celia Schmidt CELIA SCHMIDT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000 9544224-8813

Date

Daytime Phone #

CR2E034 (9/99)