

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # H16443**

1. Entity Name  
**PROFESSIONAL TRAVEL ASSOCIATES, INC.**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90576 027 \*\*\*150.00

Principal Place of Business  
11920 SW 22 CT  
DAVIE FL 33325  
US

Mailing Address  
11920 SW 22 CT  
DAVIE FL 33325  
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 **59-2441641**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

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, 2001 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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, MARK</b>	
STREET ADDRESS	<b>11920 SW 22 CT,</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, CELIA</b>	
STREET ADDRESS	<b>11920 SW 22 CT,</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, JUSTIN</b>	
STREET ADDRESS	<b>11920 SW 22 CT,</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATTEL, HARVEY</b>	
STREET ADDRESS	<b>11920 SW 22 CT,</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLUM, ETHEL</b>	
STREET ADDRESS	<b>11920 SW 22 CT,</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
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
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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 2/7/01 954-472-5508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)