## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # H52726** 1. Entity Name HOFFMAN TRAVEL SERVICE OF MIAMI, INC. 04-10-2001 90052 013 \*\*\*150.00 Principal Place of Business Mailing Address 9200 S. DADELAND BLVD.. SUITE #620 9200 S. DADELAND BLVD.. SUITE #620 MIAMI FL 33156 MIAMI FL 33156 941588 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2483896 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, FRED A., JR. Street Address (P.O. Box Number is Not Acceptable) 9100 S DADELAND BLVD 1 DATRAN CENTER, STE 909 **MIAMI FL 33156** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Addition DPT TITLE ☐ Delete TITLE WENDLING, RICHARD J. NAME NAME STREET ADDRESS STREET ADDRESS 9200 \$ DADELAND BL #620 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition ☐ Delete TITLE TITLE WENDLING, WILLIAM M NAME NAME STREET ADDRESS STREET ADDRESS 9200 S DADELAND BL #620 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE - - Change - [ Addition WENDLING, MARK A NAME NAME STREET ADDRESS STREET ADDRESS 9200 S DADELAND BLVD, #620 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KICHLROJ.

4/6/01

Daytime Phone #