

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53690

1. Entity Name
THE TRAVEL TOUCH, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90045 015 ***158.75

Principal Place of Business
1120 BELAIRE DR W
PEMBROKE PINES FL 33027

Mailing Address
PO BOX 694801
MIAMI FL 33169

00010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		20846 NE 32 AVE	
City & State		AVENTURA, FL	
Zip	Country	Zip	Country
		33180	USA

4. FEI Number	59-2700833	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>		

6. Name and Address of Current Registered Agent

TEMPKINS, HARRY
420 LINCOLN RD.
SUITE #258
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name: BONNIE LEVINE
Street Address (P.O. Box Number is Not Acceptable):
20846 NE 32 AVE
City: AVENTURA FL Zip Code: 33180

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: Bonnie Levine - BONNIE LEVINE 1/24/01
Signature, typed or printed name of registered agent and date 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, LINDA E. 1120 BELAIRE DRIVE WEST PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEVINE, BONNIE 17829 N.W. 15 ST. PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVINE, ROY 17829 N.W. 15 ST PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVINE, BARRY 1120 BELAIRE DRIVE WEST PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Bonnie Levine 1/24/01 9545389290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3059336744

CR2E034 (10/00)