

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90038 042 \*\*\*158.75

0098776 AV

**DOCUMENT # H53690**

1. Entity Name

THE TRAVEL TOUCH, INC. DBA TRAVEL IS OUR BUSINESS

Principal Place of Business

1120 BELAIRE DR W  
PEMBROKE PINES FL 33027

Mailing Address

20846 NE 32 AVE.  
AVENTURA FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2700833

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEVINE, BONNIE

20846 NE 32 AVE

~~SUITE #258~~

AVENTURA FL 33180

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, 2002 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 ☐ Delete  
NAME P  
STREET ADDRESS LEVINE, LINDA E.  
CITY-ST-ZIP 1120 BELAIRE DRIVE WEST  
PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS LEVINE, BONNIE  
CITY-ST-ZIP ~~17820 N.W. 15 ST.~~  
~~PEMBROKE PINES FL 33029~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 20846 NE 32 AVE  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete  
NAME V  
STREET ADDRESS LEVINE, ROY  
CITY-ST-ZIP ~~17820 N.W. 15 ST.~~  
~~PEMBROKE PINES FL 33029~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 20846 NE 32 AVE  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete  
NAME V  
STREET ADDRESS LEVINE, BARRY  
CITY-ST-ZIP 1120 BELAIRE DRIVE WEST  
PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Bonnie Levine* BONNIE LEVINE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/02

Daytime Phone #

9545309290

CR2E034 (9/01)