

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90025 010 \*\*\*150.00

**DOCUMENT # H74038**

1. Entity Name

**ERV TRAVEL COMPANY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 830  
 132 W. BELT LINE RD. SUITE 1  
 CEDAR HILL TX 75106  
 US

PO BOX 830  
 132 W. BELT LINE RD. SUITE 1  
 CEDAR HILL TX 75106  
 US

2. Principal Place of Business

3. Mailing Address

**3000 CARLISLE**

**3000 CARLISLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 110**

**SUITE 110**

City & State

City & State

**DALLAS TX**

**DALLAS TX**

Zip

Country

Zip

Country

**75204**

**US**

**75204**

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2591687**

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

**FELDMAN, STEPHEN L.**  
**8080 PASADENA BLVD.**  
**PEMBROKE PINES FL 33024**

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 **D** ☐ Delete  
 NAME **FELDMAN, STEPHEN L.**  
 STREET ADDRESS **8080 PASADGNA BLVD**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE **P** ☐ Delete  
 NAME **BROSIUS, MURRAY, JR.**  
 STREET ADDRESS **8080 PASADGNA BLVD**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE ☐ Delete  
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 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: Murray T. Brosius Jr. **MURRAY T. BROSIUS JR.** 3/10/01 214 920 9998  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)