2002-UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State H74038 DOCUMENT # 1. Entity Name 04-29-2002 90022 044 ***150 00 ERV TRAVEL COMPANY, INC. Mailing Address Principal Place of Business 3000 CARLISLE 3000 CARLISLE SUITE 110 SUITE 110 DALLAS TX 75204 DALLAS TX 75204 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 59-2591687 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELDMAN, STEPHEN L. Street Address (P.O. Box Number is Not Acceptable) 8080 PASADENA BLVD. PEMBROKE PINES FL 33024 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Delete TITLE Change NAME NAME FELDMAN, STEPHEN L. STREET ADDRESS 8080 PASADGNA BLVD STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME BROSIUS, MURRAY, JR. NAME STREET ADDRESS STREET ADDRESS 8080 PASADGNA BLVD CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP - Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

T. Brosius, Jr. 4/3/02 214.720, 9998

Date Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like emp

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