

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H96712

1. Entity Name
E.B. TRAVEL, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90096 004 ***150.00

Principal Place of Business

Mailing Address

19500 TURNBERRY WAY
25AB
AVENTURA FL 33180
US

19500 TURNBERRY WAY 25AB
AVENTURA FL 33180
US

00003733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2630233

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BLUM, ETHEL
5660 COLLINS AVE.
#11E
MIAMI BEACH FL 33140

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 P ☐ Delete
NAME BLUM, ETHEL
STREET ADDRESS 19500 TURNBERRY WAY #25AB
CITY-ST-ZIP AVENTURA FL 33180

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

TITLE VP ☐ Delete
NAME DWBLIO, EDWARD
STREET ADDRESS 19500 TURNBERY WAY #25AB
CITY-ST-ZIP AVENTURA FL

TITLE VP ☒ Change ☐ Addition
NAME DWBLIN, EDWARD
STREET ADDRESS 19500 TURNBERRY WAY #25AB
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 2001 (305) 792-9143
Date Daytime Phone #

CR2E034 (10/00)