

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90081 045 \*\*\*150.00

<b>DOCUMENT # J19665</b>	
1. Entity Name <b>IVES TRAVEL, INC.</b>	
Principal Place of Business <b>2875 N.E. 191 STREET SUITE 305 AVENTURA FL 33180</b>	Mailing Address <b>20505 E. COUNTRY CLUB DRIVE APT. 1685 AVENTURA FL 33180-3040</b>

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2875 NE 191st STREET</b>		3. Mailing Address <b>20505 E. Country Club Dr</b>	
Suite, Apt. #, etc. <b>305</b>		Suite, Apt. #, etc. <b>1635</b>	
City & State <b>AVENTURA FLORIDA-</b>		City & State <b>AVENTURA FL</b>	
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>

4. FEI Number <b>59-2693613</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>STEIN, ABE A. 20505 E. COUNTRY CLUB DR., APT. 1635 AVENTURA FL 33180</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEIN, ABE A. 20505 E CNTRY CB DR 1635 AVENTURA FL</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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)(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:** Abbe A. Stein **ABE A. STEIN** **3-17-00** **305-935-9952**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #