

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

0079875

DOCUMENT # J33068

1. Entity Name

ALL WORLD TRAVEL AGENCY OF COCOA BEACH, INC.

04-17-2001 90157 036 ***150.00

Principal Place of Business

% HOWARD MCCABE
1325 NORTH ATLANTIC AVE
COCOA BEACH FL 32931

Mailing Address

% HOWARD MCCABE
1325 NORTH ATLANTIC AVE
COCOA BEACH FL 32931

00038265



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 **59-2733959**

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

MCCABE, HOWARD
1325 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931

Name **JANETT LAMONTAGNE**

Street Address (P.O. Box Number is Not Acceptable)

1325 NORTH ATLANTIC AVENUE

City **COCOA BEACH**

FL

Zip Code **32931**

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 *Janett Lamontagne*

JANETT LAMONTAGNE

4/12/01

(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 **DP**
NAME **MCCABE, HOWARD**
STREET ADDRESS **1325 N. ATLANTIC AVE**
CITY-ST-ZIP **COCOA BEACH FL**

☒ Delete

TITLE **PRESIDENT**
NAME **JANETT LAMONTAGNE**
STREET ADDRESS **1325 N. ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

☐ Change ☒ Addition

TITLE **D**
NAME **MCCABE, NANCY S.**
STREET ADDRESS **1325 N. ATLANTIC AVE**
CITY-ST-ZIP **COCOA BEACH FL**

☒ Delete

TITLE **VICE PRESIDENT**
NAME **MICKIE MUHA**
STREET ADDRESS **1325 N ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH FLORIDA 32931**

☐ Change ☒ Addition

TITLE **DV**
NAME **WOJNOWSKI, KAREN**
STREET ADDRESS **3470 HOLLY SPRINGS RD**
CITY-ST-ZIP **MELBOURNE FL 32934**

☒ Delete

TITLE **TREASURER**
NAME **WILLIAM BERKOWITZ**
STREET ADDRESS **1325 N ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH, FLORIDA 32931**

☐ Change ☒ Addition

TITLE **DS**
NAME **WOJNOWSKI, DONALD**
STREET ADDRESS **3470 HOLLY SPRINGS RD**
CITY-ST-ZIP **MELBOURNE FL 32934**

☒ Delete

TITLE **SECRETARY**
NAME **REBECCA JOHNSON**
STREET ADDRESS **1325 N ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 *Janett Lamontagne* **JANETT LAMONTAGNE**

4-1201 321-783-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)