

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0327140

DOCUMENT # J44811

1. Entity Name

THE TRAVEL STATION, INC.

00 MAY -4 PH 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10242 N.W. 47TH ST.
SUITE 37
SUNRISE FL 33351

10242 N.W. 47TH ST.
SUITE 37
SUNRISE FL 33351-7967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2743536

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FORT LAUDERDALE FL 33311

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, 2000 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 PSD Delete
NAME HEYMAN, BONNIE
STREET ADDRESS 10242 N.W. 47TH ST, SUITE 37
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE V Delete
NAME HEYMAN, LESLIE
STREET ADDRESS 3732 NW 16TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33311

Change Addition
200003260192-2
-05/13/00--01115--022
****150.00 ****150.00

TITLE VP Delete
NAME HEYMAN, TRACIE
STREET ADDRESS 3732 NW 16TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33311

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition
TITLE _____
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

Date

Daytime Phone #

Leslie Heyman VP 4/15/00 954749110

CR2E034 (9/99)