2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44811 1. Entity Name THE TRAVEL STATION, INC.					FILED			
					02 APR 23 /	2 9 14		
Principal Place of Business 10242 N.W. 47TH ST. SUITE 37 SUNRISE FL 33351		Mailing Address 10242 N.W. 47TH ST. SUITE 37 SUNRISE FL 33351			SPIGRET ANY OF STATE TAULAHASHEE, FOURDA ENTING AND AND AND AND CONTROL CONTRO			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-2743536		oplied For ot Applicable	
Zip Country		Zip Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent	None	7.	Name and Address of New Register	ed Agent		
FILINGS INC.								
	v. 16TH ST.	Street Address		Address (P.O. I	(P.O. Box Number is Not Acceptable)			
FORT LA	UDERDALE FL 33311							
		•	City		FL Zip Code			
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent ar	. •	egistered office o		, :	TE		
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees			
11.	OFFICERS AND D	IRECTORS	12.	Αſ	ODITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HEYMAN, BONNIE 10242 N.W. 47TH ST, SUITE 37 SUNRISE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEYMAN, LESLIE 3732 NW 16TH ST FT LAUDERDALE FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		90000539; -04/30/02	-010540	304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEYMAN, TRACIE 3732 NW 16TH ST FT. LAUDERDALE FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		****150.00	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		* / 78	☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee enable, or on an attachment with an address, we	we and accurate and that my vered to execute this report a	v signature shall l	have the same	legal effect as if made under path; that	it Lam an officer	or director	

SIGNATURE: