

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 8:00 am**
Secretary of State

03-29-2001 90365 025 ***150.00

DOCUMENT # J59604

1. Entity Name

G.M.O. TRAVEL, INCORPORATED

Principal Place of Business

**701 NORTHPOINT PARKWAY
SUITE 150
WEST PALM BEACH FL 33401**

Mailing Address

**701 NORTHPOINT PARKWAY
SUITE 150
WEST PALM BEACH FL 33401**

2. Principal Place of Business

777 East Port Road
Suite, Apt. #, etc.

3. Mailing Address

777 East Port Road
Suite, Apt. #, etc.

City & State

Riviera Beach, Florida

City & State

Riviera Beach, Florida

Zip

33404

Country

U.S.A.

Zip

33404

Country

U.S.A.4. FEI Number **59-2779717**

Applied For

Not Applicable

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

**KENNETH GOLDBERG
701 NORTHPOINT PARKWAY
SUITE 150
WEST PALM BEACH FL 33401**

Name

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

777 East Port Road

City

Riviera Beach**FL**

Zip Code

33404

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MCTIGHE, JOHN M.	777 E PORT RD	RIVIERA BEACH FL 33404						
	PT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MURRAY, FRANCIS X	777 E PORT RD	RIVIERA BEACH FL 33404						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LEO, FRANK A	777 E PORT RD	RIVIERA BEACH FL 33404						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MURRAY, FRANCIS W	777 E PORT RD	RIVIERA BEACH FL 33404						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MARIUCCI, JOHN V	777 E PORT RD	RIVIERA BEACH FL 33404						
				<input type="checkbox"/> Delete					<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:**John M. McTighe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**March 26, 2001**

Date

561-682-3550

Daytime Phone #

CR2E034 (10/00)