

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74117

1. Entity Name

ROYAL BLUE TRAVEL, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90093 048 ***150.00

Principal Place of Business

Mailing Address

2200 W. COMMERCIAL BLVD.
 309
 FT. LAUDERDALE FL 33309
 US

2200 W. COMMERCIAL BLVD.
 309
 FT. LAUDERDALE FL 33004-3082
 US

2. Principal Place of Business

3. Mailing Address

225 DANIA BEACH BLVD.
 Suite, Apt. #, etc.
 210

225 DANIA BEACH BLVD.
 Suite, Apt. #, etc.
 210

City & State
 DANIA, FLORIDA

City & State
 DANIA, FLORIDA

Zip
 33304 Country
 US

Zip
 33304 Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2812008

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fes Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREKUS, SHARLENE
 3749 OAKRIDGE LN
 WESTON FL 33331

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 CAROE, LAURENCE C
 2085 HURONTARIO ST STE 200
 MISSISSAUGA ON ☐ Delete

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

TITLE
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 CITY-ST-ZIP
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 BREKUS, SHARLENE
 3749 OAKRIDGE LANE
 WESTON FL 33331 ☐ Delete

TITLE
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☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

Daytime Phone #

CR2E034 (9/99)