

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K16894**

1. Entity Name

CONTINENTAL TRAVEL OF CORAL GABLES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90030 049 ***150.00

Principal Place of Business

2801 FLORIDA AVENUE
 SUITE #20
 COCONUT GROVE FL 33133
 US

Mailing Address

2801 FLORIDA AVENUE
 SUITE #20
 COCONUT GROVE FL 33133-1903
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0034784

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

FIER, IRMA J
~~116 ALHAMBRA CIRCLE~~
~~CORAL GABLES FL 33134~~

*2801 FLORIDA AVE - #20
 COCONUT GROVE FL 33133*

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

[Handwritten Signature]

IRMA J. FIER Secy

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	P <input type="checkbox"/> Delete
NAME	COCCHIANO, SUSAN F
STREET ADDRESS	30 S PROSPECT DR
CITY-ST-ZIP	CORAL GABLES FL
TITLE	ST <input type="checkbox"/> Delete
NAME	FIER, IRMA J
STREET ADDRESS	4781 BOCAIRE BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD <input type="checkbox"/> Delete
NAME	FIER, IRMA J.
STREET ADDRESS	116 ALHAMBRA CIR.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Handwritten Signature]

IRMA J. FIER Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)