

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90120 034 ***150.00

DOCUMENT # K42954

1. Entity Name
MEDIA TRAVEL U.S.A., INC.

Principal Place of Business

~~9810 ALT A1A~~
~~STE 114~~
~~PLAM BEACH FL 33410~~

Mailing Address

~~9810 ALT A1A~~
~~STE 114~~
~~PLAM BEACH FL 33410~~

2. Principal Place of Business

1814 SE Port St Lucie Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

Port St Lucie FL

4. FEI Number **65-0081145**

Applied For

Not Applicable

Zip **34952**

Country

St Lucie

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAKSON, KATHERINE
9810 ALT A1A STE 114
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **LAURI BERKELEY**
 Street Address (P.O. Box Number is Not Acceptable)
1814 SE Port St Lucie Blvd
 City **Port St Lucie** **FL** Zip Code **34952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lauri Berkeley**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P ISAKSON, KATHERINE 9810 ALT A1A, STE 114 PALM BEACH GRDNS FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PVP BERKELEY, LAURIE 9810 ALT A1A, STE 114 PALM BEACH GRDNS FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	divisit 1814 SE Port St Lucie Blvd Port St Lucie FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPITZNAGEL, W. F P. O. BOX 87 N/A JUPITER FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPITZNAGEL, ROSEMARIE P. O. BOX 87 N/A JUPITER FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Lauri Berkeley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02

Date

772 335-8330

Daytime Phone #

CR2E034 (4/02)

August 21, 2002

Attchment
9/16/02



Florida Department of State
Divisions of Corporations
P.O.Box 1500
Tallahassee, FL. 32302-1500

Re: Document K42954

To Whom It May Concern:

I am writing today to advise you I have never received my initial Filing report, which was sent out in March or April 2002. My office moved at the end of March and it was never forwarded to my new office.

Today August 21, 2002, I received my second notice, which was dated by the post office July 7, 2002. (enclosed is the postmarked date)

Our corporation has always paid on time and would appreciate ,due to the unfortunate circumstances, , would like for you to consider and accept my check of \$150.00 to file my 2002 corporation records .

Cordially,

Lauri Berkeley

Lauri Berkeley
Owner/President

Local Presence, Global PowerSM

9810 ALT A1A, Suite 114 • Palm Beach Gardens, Florida 33410 • (561) 624-2525 • Fax (561) 624-3828

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