2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K67943** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name DADE TRAVEL CENTER, INC. 04-11-2000 90218 004 ***150.00 Principal Place of Business Mailing Address 7555 W 20 AVE 12566 PINES BLVD PEMBROKE PINES FL 33027 HIALEAH FL 33027-1713 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAGATZ, GARY Street Address (P.O. Box Number is Not Acceptable) 7525 WEST 20TH AVENUE HIALEAH FL 33014 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 nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Addition Delete TITLE CELOTTO, DEBRA J NAME NAME 10100 NW 116 Way STREET ADDRESS STREET ADDRESS 12566 PINES BLVD CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 Medley FL 33178 Change ☐ Delete TITI F Addition TITLE RAGATZ, GARY MAME 10100 NW 116 Way #14 STREET ADDRESS 12566 PINES BLVD STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP Medley, FL 33178 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colotto

4-6-00 (30

305)885-5255

Daytime Phone #