

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90185 001 ***400.00
 07-24-2002 90185 002 ***150.00

97819



DO NOT WRITE IN THIS SPACE

DOCUMENT # K69554

1. Entity Name
CORPORATE TRAVEL NETWORK, INC.

Principal Place of Business
213 SOUTHERN BLVD
WEST PALM BEACH FL 33405
US

Mailing Address
213 SOUTHERN BLVD
WEST PALM BEACH FL 33405
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0097629**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

RUSSO, MARYLYNN
213 SOUTHERN BLVD
WEST PALM BEACH FL 33405

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, 2002 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 **VD** ☐ Delete
 NAME **RUSSO, PETE**
 STREET ADDRESS **213 SOUTHERN BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **PDST** ☐ Delete
 NAME **RUSSO, MARYLYNN**
 STREET ADDRESS **213 SOUTHERN BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **C** ☐ Delete
 NAME **MOON, JOON S**
 STREET ADDRESS **3505 W. GRAND RIVER AVE.**
 CITY-ST-ZIP **HOWELL MI 48843**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Attachment
Document #
K69554

97819

June 21, 2002

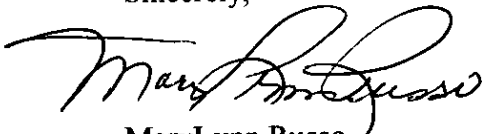
Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Director:

Please find attached our 2002 UBR form and payment in the amount of \$150.00.

Unfortunately, due to a reorganization issue, this form was lost in our office and we just now found it. We respectfully request that you abate any late filing fees due to our past record of filing timely.

Sincerely,


MaryLynn Russo
President



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 28, 2002

CORPORATE TRAVEL NETWORK, INC.
213 SOUTHERN BLVD
WEST PALM BEACH, FL 33405 US

SUBJECT: CORPORATE TRAVEL NETWORK, INC.
Ref. Number: K69554

We have received your document for CORPORATE TRAVEL NETWORK, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 902A00041367