

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90139 004 \*\*\*150.00

**DOCUMENT # L40598**

1. Entity Name  
**PASSPORT TRAVEL MANAGEMENT GROUP, INC.**



Principal Place of Business  
**14301 NINE EAGLES DR.  
TAMPA FL 33626**

Mailing Address  
**14301 NINE EAGLES DR.  
TAMPA FL 33626**

40011947



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2991157**

Applied For  
Not Applicable

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

**OMILA, JOSE H.  
1503 W. BUSCH BLVD.  
SUITE A  
TAMPA FL 33612**

Name **OMILA, JOSE H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5033 BERNADETTE DR**  
City **ZEPHYRHILLS** FL Zip Code **33541**

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 *Jose H. Omila* **JOSE H. OMILA General Manager 1/15/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **AZUCENA, ERNIE B.**  
STREET ADDRESS **13130 STILLINGTON**  
CITY-ST-ZIP **HOUSTON TX**

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

TITLE **D** ☐ Delete  
NAME **OMILA, JOSE H.**  
STREET ADDRESS **1503 W. BUSCH BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5033 BERNADETTE DR**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose H. Omila* **JOSE H. OMILA** 1/15/03 (813) 814-0082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)