## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # L44370** Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** FUGAZY INTERNATIONAL TRAVEL, INC. 03-14-2000 90043 003 \*\*\*150.00 Mailing Address Principal Place of Business 6006 SW 18TH STREET 6006 SW 18TH STREET **BOCA RATON FL 33433-7188 BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0620329 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOICE, YVONNE S Street Address (P.O. Box Number is Not Acceptable) 6006 SW 18TH STREET STE B6 BOCA RATON FL 334331 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition ☐ Delete TITLE TITLE BOICE, YVONNE S NAME NAME STREET ADDRESS STREET ADDRESS 6006 SW 18TH STREET., #B6 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** XX Change ☐ Addition **Delete** TITLE TITLE NAME KRETZ. AIMEE NAME STEWART, IRIS STREET ADDRESS STREET ADDRESS 6006 SW 18TH STREET., #B6 6006 SW 18th STREET, BOCA RATON, FL 33433 SUITE B6 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition □ Change TITLE Delete TITLE LEVITT, DREW M ESQ NAME NAME STREET ADDRESS 1301 W. NEWPORT CTR. DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change Addition ☐ Delete TITLE **BOICE, LAUREN A** NAME NAME STREET ADDRESS STREET ADDRESS 6006 SW 18TH STREET., #B6 CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ 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 filling 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:

PONNE S DE LE ON DIRECTOR

3/8/00 561-447-7555

Daytime Phone