## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 08, 2002 8:00 am Secretary of State DOCUMENT # L44370 1. Entity Name 05-08-2002 90057 027 \*\*\*150.00 FUGAZY INTERNATIONAL TRAVEL, INC. Principal Place of Business Mailing Address 6006 SW 18TH STREET 6006 SW 18TH STREET **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0620329 Not Applicable Zip Country Zip 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 **BOICE, YVONNE S** Street Address (P.O. Box Number is Not Acceptable) 6006 SW 18TH STREET STE B6 **BOCA RATON FL 33433** Zip Code City FL 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) TITLE Change ☐ Addition TITLE ☐ Delete BOICE, YVONNE S NAME NAME 6006 SW 18TH STREET., #B6 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STEWART, IRIS NAME NAME 6006 SW 18TH STREET., #B6 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE LEVITT, DREW M ESQ NAME NAME STREET ADDRESS 1301 W. NEWPORT CTR. DR. STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE **BOICE, LAUREN A** NAME NAME 6006 SW 18TH STREET., #B6 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 labels of the corporation of the corporation of the corporation of the receiver of 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 proposed.

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SIGNATURE:

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TURE AND TYPED OR PRINTED NAMI Onne S. Boice.