CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State L51402 DOCUMENT # 1. Entity Name AFFORDABLE TRAVEL DIVISION INC. 04-10-2002 90457 033 ***150 00 Principal Place of Business Mailing Address % SANDA LOWENBERG % SANDA LOWENBERG 155 MEADOWLARK DR 155 MEADOWLARK DR ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0242572 Not Applicable Zip Country 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-LOWENBERG, SANDA Street Address (P.O. Box Number is Not Acceptable) 155 MEADOWLARK DR ROYAL PALM BEACH FL 33411 City 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 FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition LOWENBERG, SANDA NAME -NAME 155 MEADOWLARK DR STREET ADDRESS STREET ADDRESS ROYAL PALM BCH. FL. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOWENBERG, SHIRLEY NAME STREET ADDRESS 155 MEADOWLARK DR STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH. FL. CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HAUBER, HALINE NAME STREET ADDRESS 2210 A ROAD STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7!P CITY-ST-7IP

SIGNATURE

13. I hereby certify that the information supplied y

indicated on this report or supplemental reg of the corporation or the receiver or trust changed, or on an attachment with an

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information or partie and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

561-439-1000