

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

'00 APR 30 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006298

1. Entity Name

FIRST INTERSTATE TOUR & TRAVEL, L.L.C.

Principal Place of Business

3181 N.W. 72ND AVENUE
MARGATE FL 33063

Mailing Address

3181 N.W. 72ND AVENUE
MARGATE FL 33063-7859

2. Principal Place of Business

1750 University Drive

3. Mailing Address

1750 University Drive

Suite, Apt. #, etc.

Suite 223

Suite, Apt. #, etc.

Suite 223

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

U.S.A.

Zip

33071

Country

U.S.A.

4. FEI Number

65-0965440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILSON, SEAN L

3181 N.W. 72 AVENUE
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Sean L. Wilson

Street Address (P.O. Box Number is Not Acceptable)

1750 University Drive, Suite 223

City

Coral Springs

FL

Zip Code

33071

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]

Sean L. Wilson

4/28/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE Managing Member ☐ Delete
NAME Frank J. Braglia
STREET ADDRESS 10423 Stone Bridge Blvd.
CITY- ST- ZIP Boca Raton, FL 33498

TITLE Managing Member ☐ Delete
NAME Richard C. Braglia
STREET ADDRESS 18589 Ocean Mist Drive
CITY- ST- ZIP Boca Raton, FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
700003258557--5
-05/19/00--01010--002
*****50.00 *****50.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

[Signature] Richard C. Braglia 4/28/00 8822

CR2E083 (9/99)