

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90313 027 ***158.75

DOCUMENT # M15713

1. Entity Name

MADA'N TRAVEL SERVICES, INC.

Principal Place of Business

130 SW THIRD AVENUE
DANIA FL 33004-3656

↓
BEACH

Mailing Address

130 SW THIRD AVENUE
DANIA FL 33004-3656

↓
BEACH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA BEACH, FL

City & State

DANIA BEACH, FL

Zip

Country

Zip

Country

4. FEI Number 59-1351489

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

WEISS, SAMUEL
130 S.W. THIRD AVENUE
DANIA FL 33004

↓
BEACH

Name

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

City

FL

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

4/19/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WEISS, SAMUEL	
STREET ADDRESS	130 S.W. 3 AVE.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEISS-CHISLOV, JUDITH P	
STREET ADDRESS	130 S.W. 3 AVE.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEISS, ELAINE B	
STREET ADDRESS	130 S.W. 3 AVE.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL WEISS

Date

4/19/01

954-925-0077

Daytime Phone #

CR2E034 (10/00)