

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M36601

1. Entity Name

TRAVEL LEADERS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90123 022 ***158.75

Principal Place of Business

1701 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

Mailing Address

P O BOX 149005
CORAL GABLES FL 33114-9005
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2702857

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

HASSINE, SIMON
1701 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

KEITH ST. CLAIR

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

1701 Ponce de Leon Boulevard

City

Coral Gables

FL

Zip Code

33134

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
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	HASSINE, SIMON	
STREET ADDRESS	11 GROVE ISLE S1210	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELIAS, MARK	
STREET ADDRESS	3560 AVOCADO AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HASSINE, MICHELE	
STREET ADDRESS	11 GROVE ISLE S1210	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HASSINE, CATHY	
STREET ADDRESS	1801 ESPANOLA DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HASSINE, JACQUELINE	
STREET ADDRESS	11 GROVE ISLE S1210	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HASSINE, ELIAS PATRICIA	
STREET ADDRESS	10000 SW 80 CT	
CITY-ST-ZIP	MIAMI FL	

TITLE	Chairman/CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith St. Clair	
STREET ADDRESS	999 Ponce de Leon Blvd., #915	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James R. Tolzien	
STREET ADDRESS	999 Ponce de Leon Blvd., #915	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	Sr. VP, COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin M. Kirchhoff	
STREET ADDRESS	999 Ponce de Leon Blvd #915	
CITY-ST-ZIP	Miami FL 33134	
TITLE	Sr. VP Human Resources	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H. Reynolds	
STREET ADDRESS	999 Ponce de Leon Blvd., #915	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	Sr. VP, Director of Corporate Development	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Hairston Jr.	
STREET ADDRESS	999 Ponce de Leon Blvd., #915	
CITY-ST-ZIP	Miami, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)