

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90027 041 ***150.00

DOCUMENT # M99707

1. Entity Name

TOTAL TRAVEL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

75 S.W. 8TH ST.
 SUITE 300
 MIAMI FL 33130
 US

75 S.W. 8TH ST.
 SUITE 300
 MIAMI FL 33130-3023
 US

00035410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2525 S.W. 3RD Ave.

3. Mailing Address

2525 S.W. 3RD Ave.

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

SUITE 105

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-0077370

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, NORMAN T.
 50 WEST MASHTA DRIVE
 SUITE 2
 KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SEGALLA, KAREN	
STREET ADDRESS	155 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERULLO, LUCY	
STREET ADDRESS	200 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	-D-	<input type="checkbox"/> Delete
NAME	SEGALLA, LIVIO	
STREET ADDRESS	24 IRVING AVENUE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIBUOLA, UBOLDO	
STREET ADDRESS	3802 NE 207TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIBUOLA, KATHI	
STREET ADDRESS	3802 NE 207TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

Date

Daytime Phone #

305.285.0031

CR2E034 (9/99)