

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90022 023 \*\*\*150.00

**DOCUMENT # M99707**

1. Entity Name  
**TOTAL TRAVEL ENTERPRISES, INC.**

923978



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2525 SW 3RD AVE STE 105 MIAMI FL 33129 US	Mailing Address 2525 SW 3RD AVE STE 105 MIAMI FL 33129 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0077370</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROBERTS, NORMAN T.**  
**50 WEST MASHTA DRIVE**  
**SUITE 2**  
**KEY BISCAYNE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SEGALLA, KAREN</b>
STREET ADDRESS	<b>155 OCEAN LANE DRIVE</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CERULLO, LUCY</b>
STREET ADDRESS	<b>200 OCEAN LANE DR</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SEGALLA, LIVIO</b>
STREET ADDRESS	<b>24 IRVING AVENUE</b>
CITY-ST-ZIP	<b>ENGLEWOOD CLIFFS NJ</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCHIBUOLA, UBOLDO</b>
STREET ADDRESS	<b>3802 NE 207TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>SEQALLA, ALICE</b>
STREET ADDRESS	<b>24 IRVINA AVENUE</b>
CITY-ST-ZIP	<b>ENGLEWOOD CLIFFS NJ</b>
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	

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:** *Lucy Cerullo* **1/18/2002** **(305) 285-0031**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)