

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90089 020 ***150.00

DOCUMENT # M99707

1. Entity Name
TOTAL TRAVEL ENTERPRISES, INC.



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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0077370**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D SEGALLA, KAREN**
STREET ADDRESS **155 OCEAN LANE DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CERULLO, LUCY**
STREET ADDRESS **200 OCEAN LANE DR**
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D SEGALLA, LIVIO**
STREET ADDRESS **24 IRVING AVENUE**
CITY-ST-ZIP **ENGLEWOOD CLIFFS NJ**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D SCHIBUOLA, UBOLDO**
STREET ADDRESS **3802 NE 207TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S SEQALLA, ALICE**
STREET ADDRESS **24 IRVINA AVENUE**
CITY-ST-ZIP **ENGLEWOOD CLIFFS NJ**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DIRECTOR 1/20/2003 (305) 285-0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)