## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jan 20, 2001 8:00 am DOCUMENT # P0000005055 Secretary of State 1. Entity Name TRAVLANG.COM, INC. 01-20-2001 90011 013 \*\*\*150.00 Mailing Address Principal Place of Business 7000 WEST PALMETTO PARK ROAD 7000 WEST PALMETTO PARK ROAD $\mathbf{u} \cdot \mathbf{v} \cdot \mathbf{o} \cdot \mathbf{o} \cdot \mathbf{o} \cdot \mathbf{o}$ SUITE 501 SUITE 501 **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. 4. FEI Number Applied For City & State City & State 65-0974057 Not Applicable Zip Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAUSMAN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 7000 WEST PALMETTO PARK ROAD SUITE 501 **BOCA RATON FL 33433** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE ☐ Delete TITLE RUSTEIN, C. LAWRENCE NAME HEIL SWAKE Z NAME 7000 W. PALMETTO PANK AD-SUITE SOI 7000 WEST PALMETTO PARK ROAD SUITE 501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATION, FL 33433 CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition ☐ Delete TITLE TITLE HOWARD BRUNHER HAUSMAN, BRUCE NAME NAME 7000 W. Palmetto Park Road Suite Sci STREET ADDRESS 7000 WEST PALMETTO PARK ROAD SUITE 501 STREET ADDRESS CITY-ST-ZIP Boca Raton FL 33433 CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change - ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

BRUCE HAUSMAN