## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 01, 2002 8:00 am Secretary of State P00000011806 DOCUMENT # 1. Entity Name 02-25-2002 90027 032 \*\*\*150.00 EURO-HOLIDAY TRAVEL, INC. Principal Place of Business Mailing Address WU 1001VIN XITT 2450 HOLLYWOOD BLVD.. #401 2450 HOLLYWOOD BLVD., #401 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State . Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEDER, LAWRENCE H ESQ. Street Address (P.O. Box Number is Not Acceptable) 2450 HOLLYWOOD BLVD., #401 HOLLYWOOD FL 33020 Zio Code thes state ment for the <u>purpose</u> of changing its registered office or registered agent, or both, in the State of Florida. 8. The above entity submit 3 SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete - --TIM F. NAME FEDER, LAWRENCE H NAME 2450 HOLLYWOOD BLVD #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete Change ☐ Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe noilibhA 🗖 TITE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of supplemental report is frue 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 trusted employeed 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 attherment with an laddress, with all other like empowered.

**FILED**