FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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02 JUN -4 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023589

1. Entity Name
Miami Center Travel Inc

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200005896382--6
-06/21/02--01012--001
****155.00 ****155.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Miami Florida	1601 Biscayne Blvd.
Suite, Apt. #, etc. Not Motor Lobby	Suite, Apt. #, etc. Motor Lobby
City & State Miami FLA	City & State Miami FLA
Zip 33132 Country USA	Zip 33132 Country USA

4. FEI Number 65-0849184 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AHMED Kabani
Street Address (P.O. Box Number is Not Acceptable): 7519 S.W. 95 Place
City: Miami FLA Zip Code: 33173

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: Ahmed Kabani
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kabani AHMED Kabani 7519 S.W. 95 Place Miami FLA 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Secretary same as above NASREEN Kabani
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANIL Kabani Miami Officer 7519 S.W. 95 Place FL 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Philip Shemkman 33173 1601 Biscayne Blvd Miami FL
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

Ahmed Kabani 5/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

We did not get Annual Report in mail