FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90324 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023589

1. Entity Name

Miami Center Travel INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Miami Center Travel INC	1601 Biscayne Blvd
Suite, Apt. #, etc.: Motor Lobby	Suite, Apt. #, etc.: Motor Lobby
City & State: Miami	City & State: Miami FLA
Zip: 33132 Country: USA	Zip: 33132 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650849184 ☐ 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 FL 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. I am familiar with, and accept the obligations of registered agent.

N/A

SIGNATURE _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Ahmed Kabani
STREET ADDRESS	7519 S.W. 95 Place
CITY-ST-ZIP	Miami FLA 33173
TITLE	Kabani, Nasreen VPS
NAME	
STREET ADDRESS	7519 S.W. 95 Place
CITY-ST-ZIP	Miami FL 33173
TITLE	Kabani, Phillip VPS
NAME	
STREET ADDRESS	1601 Biscayne Blvd
CITY-ST-ZIP	Miami FLA 33132
TITLE	Shenkman Philip O
NAME	
STREET ADDRESS	1601 Biscayne Blvd.
CITY-ST-ZIP	Miami FLA 33132
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

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

SIGNATURE: Ahmed Kabani 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #