

2001 UNIFORM BUSINESS REPORT (UBR)

Amended: # 61.25

DOCUMENT # P00000034445

FILED

01 SEP -6 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

B&R - Int'l Travel Services, Inc.

Principal Place of Business

2713 9TH ST. W.
LEHIGH ACRES,
FL 33971

Mailing Address

P.O. BOX 1433
LEHIGH ACRES,
FL 33970

2. Principal Place of Business

2713 9th St. W., Lehigh Acres

3. Mailing Address

P.O. Box 1433, Lehigh Acres, FL 33970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LEHIGH ACRES, FL
Zip 33971 Country U.S.

City & State

LEHIGH ACRES, FL
Zip 33970 Country U.S.

4. FEI Number

65-1027329

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name ELLI GUTFRUCHT

Street Address (P.O. Box Number is Not Acceptable)

2713 9th St. West

City Lehigh Acres

FL

Zip Code 33971

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

[Signature] ELLI GUTFRUCHT - VICEPRESIDENT

8-27-01

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.

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME RALF GUTFRUCHT
STREET ADDRESS P.O. BOX 1631 / 2713 9TH ST. W.
CITY-ST-ZIP LEHIGH ACRES, FL 33970

☐ Delete

TITLE VICEPRESIDENT
NAME ELLI GUTFRUCHT
STREET ADDRESS P.O. BOX 1631 / 2713 9TH ST. W.
CITY-ST-ZIP LEHIGH ACRES, FL 33970

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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*****61.25 *****61.25

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE:

[Signature] RALF GUTFRUCHT

8-27-01

944-910-3214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)