

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90038 037 \*\*\*300.00

**DOCUMENT # P00000066483**

1. Entity Name  
**FIRST CHOICE GLOBAL TRAVEL SERVICES, INC.**

Principal Place of Business  
**1700 45TH STREET #1705**  
**WEST PALM BEACH FL 33407**

Mailing Address  
**1700 45TH STREET #1705**  
**WEST PALM BEACH FL 33407**

75137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1048983

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ADAMS, VENOL C**  
**5548 WEST OAKLAND PARK BOULEVARD**  
**SUITE #220**  
**LAUDERHILL FL 33313**

Name

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

City

FL

Zip Code

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, 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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
NAME **MCDONALD, RACQUEL**  
STREET ADDRESS **204 2ND WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

☒ Delete

TITLE **PD**  
NAME **FAGAN, JOANNE**  
STREET ADDRESS **204 2ND WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

☐ Delete

TITLE **SD**  
NAME **FAGAN, WAYNE**  
STREET ADDRESS **204 2ND WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME **DeBRA D. Galloway**  
STREET ADDRESS **1233 10th St**  
CITY-ST-ZIP **W. P.B. FL 33407**

☐ Change

☒ Addition

TITLE  
NAME **Secret**  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01 (561) 865-1996

Date

Daytime Phone #

CR2E034 (10/00)