

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90083 008 ***150.00

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DOCUMENT # P00000101480

1. Entity Name

INTERNATIONAL TRAVEL CONSULTANTS, INC.

Principal Place of Business

**445 N. UNIVERSITY DR
FORT LAUDERDALE FL 33324**

Mailing Address

**445 N. UNIVERSITY DR
FORT LAUDERDALE FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

Country

Zip

Country

4. FEI Number

65-1055259

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

SANTIAGO-WESTON, DENISE

**445 N. UNIVERSITY DR
FORT LAUDERDALE FL 33324**

Name

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

City

PLANTATION

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

Denise Santiago-Weston
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

3/5/02
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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PVST						
	SANTIAGO-WESTON, DENISE						
	445 N. UNIVERSITY DR						
	FORT LAUDERDALE FL 33324						
	D						
	SANTIAGO-WESTON, DENISE						
	445 N. UNIVERSITY DR						
	FORT LAUDERDALE FL 33324						

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:

Denise Santiago-Weston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 (954) 424-8250
Date Daytime Phone #

CR2E034 (9/01)