

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109825

1. Entity Name

BEST BUYS TRAVEL, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90209 041 ***158.75

0006697

00051510



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2115 MINNEHAHA TAMPA FL 33604		Mailing Address 2115 MINNEHAHA TAMPA FL 33604	
2. Principal Place of Business 2115 MINNEHAHA Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Tampa, FL		City & State SAME	
Zip 33604	Country U.S.A	Zip SAME	Country SAME
6. Name and Address of Current Registered Agent ARMSTRONG, GARY L 2950 ALOMA AVE., SUITE 400 WINTER PARK FL 32972		7. Name and Address of New Registered Agent Name SAME 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 <u>GARY L. ARMSTRONG</u> DATE <u>4/29/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRESIDENT MINA KLEINBAUM 2115 MINNEHAHA TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mina Kleinbaum</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/29/01</u> DAYTIME PHONE # <u>813-935-1385</u>	

CR2E034 (10/00)