

FILED

02 OCT 17 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 001000006141

1. Entity Name

Do Hall Travel, Inc.**DO NOT WRITE IN THIS SPACE**

B0137603

2. Principal Place of Business

15105 NW 77 Ave

Suite, Apt. #, etc.

Suite 305

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Miami Lakes FL

City &amp; State

same

Zip

33014

Country

U.S.A.

Zip

same

Country

same

4. FEI Number

65-1077500

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Dupree Gerald E

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

15105 NW 77 AveSuite 305City Miami Lakes

FL

Zip Code  
33014

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

Gerald E. Dupree

(NOTE: Registered Agent signature required when reinstating)

9/9/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	<u>Dupree Miles E President</u>
NAME	<u>1029 SW 122 Ave</u>
STREET ADDRESS	<u>Pembroke Pines FL 33025</u>
CITY- ST- ZIP	
TITLE	<u>Kudja, Jose Vice President</u>
NAME	<u>420 NW 199 Ave</u>
STREET ADDRESS	<u>Pembroke Pines FL 33029</u>
CITY- ST- ZIP	
TITLE	<u>Dupree Gerald E Secretary</u>
NAME	<u>107 NE 204 Terr</u>
STREET ADDRESS	<u>North Miami Lakes FL 33179</u>
CITY- ST- ZIP	
TITLE	<u>1077 NW 122nd Ave</u>
NAME	<u>2010 NW 122nd Ave</u>
STREET ADDRESS	
CITY- ST- ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

9/11/02