

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90774 016 \*\*\*150.00

**DOCUMENT # P01000011614**

**1. Entity Name**  
GTS/GROUP TRAVEL SERVICES, INC.



**Principal Place of Business**  
11921 SOUTH DIXIE HIGHWAY  
SUITE 205  
PINECREST FL 33156

**Mailing Address**  
11921 SOUTH DIXIE HIGHWAY  
SUITE 205  
PINECREST FL 33156

**55044899**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**City & State**

**4. FEI Number** 65-1089460

**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**

OHAYON, SERGE  
11921 SOUTH DIXIE HIGHWAY  
SUITE 205  
PINECREST FL 33156

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be Added to Fees**  
Trust Fund Contribution. ☐

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	OHAYON, SERGE	
<b>STREET ADDRESS</b>	11921 SOUTH DIXIE HIGHWAY STE 205	
<b>CITY-ST-ZIP</b>	MIAMI FL 33156	
<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	LEVINE, JEFFREY	
<b>STREET ADDRESS</b>	10119 SW 117 CT.	
<b>CITY-ST-ZIP</b>	MIAMI FL 33186	
<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	RAMOS, RICHARD	
<b>STREET ADDRESS</b>	7221 CORAL WAY, #210	
<b>CITY-ST-ZIP</b>	MIAMI FL 33155	
<b>TITLE</b>	VS	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	SALISBURY, VIRGIL N	
<b>STREET ADDRESS</b>	5445 SW 89TH PL	
<b>CITY-ST-ZIP</b>	MIAMI FL 33165	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LEVINE, JEFFREY	
<b>STREET ADDRESS</b>	10119 SW 117 CT	
<b>CITY-ST-ZIP</b>	MIAMI FL 33186	
<b>TITLE</b>	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	RAMOS, RICHARD	
<b>STREET ADDRESS</b>	7221 CORAL WAY #210	
<b>CITY-ST-ZIP</b>	MIAMI FL 33155	
<b>TITLE</b>	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SALISBURY, VIRGIL N	
<b>STREET ADDRESS</b>	5445 SW 89TH PL	
<b>CITY-ST-ZIP</b>	MIAMI FL 33165	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*SERGE OHAYON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28 2003 305 256 1171*  
Date Daytime Phone #

CR2E034 (10/02)