

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90232 034 ***158.75

DOCUMENT # P01000041009

1. Entity Name
PRO-TRAVEL & TOURS, INC.



Principal Place of Business
**18800 NE 2ND AVE., STE. 117
MIAMI FL 33169**

Mailing Address
**18800 NE 2ND AVE., STE. 117
MIAMI FL 33169**

2. Principal Place of Business
18800 NW 2nd AVENUE

Suite, Apt. #, etc.
117

City & State
MIAMI FL.

Zip Country
33169 USA

3. Mailing Address
18800 NW 2nd AVENUE

Suite, Apt. #, etc.
117

City & State
MIAMI FL.

Zip Country
33169 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1098203

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WITHERSPOON, TERRY L
18800 NE 2ND AVE., STE. 117
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name
JOHNSON, MICHAEL

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

18800 NW 2nd AVENUE, STE # 117

City
MIAMI

FL Zip Code
33169

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]*
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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WITHERSPOON, TERRY L
18800 NE 2ND AVE., STE. 117
MIAMI FL 33169** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JOHNSON, MICHAEL
18800 NE 2ND AVE., STE. 117
MIAMI FL 33169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HARLEY, EDWARD
18800 NE 2ND AVE., STE. 117
MIAMI FL 33169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HARLEY, EDWARD
18800 NW 2nd AVE. STE # 117
MIAMI FL 33169** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)