


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90385 002 ***150.00

DOCUMENT # P02000060222	
1. Entity Name TRAVELPRODUCTS.COM, INC.	

DO NOT WRITE IN THIS SPACE

11038333

2. Principal Place of Business 4611 S. UNIVERSITY DR		3. Mailing Address 4611 S. UNIVERSITY DR	
Suite, Apt. #, etc. 231		Suite, Apt. #, etc. 231	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33328	Country U.S.A.	Zip 33328	Country U.S.A.

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Spiegel & Utrera, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22nd Street, 4th Fl.			
City MIAMI State FL Zip Code 33145			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.T.S.D Jonathan Blau 10824 LINDBROOK DRIVE #112 LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Blau Jonathan Blau 4-26-03 (310) 917-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)