

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P02000098705

1. Entity Name
TRAVELANGO SERVICES, CORP.



FILED
Mar 21, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
6571 MCKINLEY ROAD
HOLLYWOOD, FL 33024

Mailing Address
6571 MCKINLEY ROAD
HOLLYWOOD, FL 33024

2. Principal Place of Business
3923 Lake Worth Rd, Ste

3. Mailing Address
3923 Lake Worth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 113

Suite 113

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33461

USA

33461

USA

5. Name and Address of Current Registered Agent

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

HERNANDEZ, GLORIA E
6571 MCKINLEY ROAD
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name HERNANDEZ, GLORIA E

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

3923 Lake Worth Rd

Suite 113

City

Lake Worth

FL

Zip Code

33461

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]

03-19-03

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
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

TITLE D
NAME HERNANDEZ, GLORIA E
STREET ADDRESS 6571 MCKINLEY ROAD
CITY-STATE-ZIP HOLLYWOOD, FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CRUZ, HERNANDO
STREET ADDRESS 3923 Lake Worth Rd., Suite 113
CITY-STATE-ZIP Lake Worth, FL 33461 ☐ Change ☒ Addition

TITLE V/S
NAME HERNANDEZ, GLORIA E
STREET ADDRESS 3923 Lake Worth Rd., Suite 113
CITY-STATE-ZIP Lake Worth, FL 33461 ☒ Change ☐ Addition

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

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

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

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

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] HERNANDO CRUZ

03-19-03

(561) 373-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

B