


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-01-2003 91001 036 ***158.75
P02000108219

SECRETARY OF STATE
DIVISION OF CORPORATION
03 MAY 20 AM 8:56

DOCUMENT # P02000108219

1. Entity Name
CORPORATE AIRFARES CORP



Principal Place of Business
3901 S. OCEAN DR.
5-G
HOLLYWOOD FL 33019

Mailing Address
3901 S. OCEAN DR.
5-G
HOLLYWOOD FL 33019

2. Principal Place of Business
1835 Highlande Bldg
Suite, Apt. #, etc. Ste 223

3. Mailing Address
Sgme
Suite, Apt. #, etc.

City & State
Highlande FL

City & State
Zip 33009 Country

4. FEI Number
05-0534152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ALLEN, BRENT R MR
3901 S. OCEAN DR.
5-G
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
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
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	Allen, Brent R MR 3901 S. Ocean Dr. 5-G, Hollywood, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, typed or printed name of signing officer or director

22 April 03 954-455-3992

0156232 AN
CR2E034 (10/02)