

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91507 032 ***150.00

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DOCUMENT # P92000011584

1. Entity Name
ULTIMATE TRAVEL & ENTERTAINMENT, INC.



Principal Place of Business
**3001 SALZEDO STREET
CORAL GABLES FL 33134**

Mailing Address
**3001 SALZEDO STREET
CORAL GABLES FL 33134**

2. Principal Place of Business
1522 PONCE DE LEON BLVD

3. Mailing Address
1522 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number **65-0375551**

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

**SAVITT, SUSAN
3001 SALZEDO STREET
CORAL GABLES FL 33134**

Name
Street Address (P.O. Box Number is Not Acceptable)
1522 PONCE DE LEON BLVD

City **CORAL GABLES** FL Zip Code **33134**

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 **SD** ☐ Delete
NAME **ADLER, ROBERT**
STREET ADDRESS **3001 SALZEDO STREET**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1522 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **PD** ☐ Delete
NAME **SAVITT, SUSAN**
STREET ADDRESS **3001 SALZEDO ST.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1522 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED** **ADLER** ✓ **4-14-03** ✓ **444-2455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)