## √2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P93000033063 1. Entity Name TOWER TRAVEL, INC. 04-24-2001 90246 033 \*\*\*150.00 Principal Place of Business Mailing Address 2339 N 37TH AVE 2339 N 37TH AVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0408066 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDELSTEIN, MARCIA Street Address (P.O. Box Number is Not Acceptable) 2339 N 37TH AVE HOLLYWOOD FL 33021 City Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME EDELSTEIN, MARCIA STREET ADDRESS STREET ADDRESS 2339-37TH AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

13. 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 encovered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver or trustee en

changed, or on an attachmen

**SIGNATURE:**