

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State
 04-26-2002 90027 012 ***150.00

DOCUMENT # P93000033063

1. Entity Name
TOWER TRAVEL, INC.

Principal Place of Business

Mailing Address

~~2339 N 37TH AVE~~
~~HOLLYWOOD FL 33021~~
~~US~~

~~2339 N 37TH AVE~~
~~HOLLYWOOD FL 33021~~
~~US~~

Change of Address

2. Principal Place of Business

2800 W. SUNRISE LAKES DR.

3. Mailing Address

2800 W. SUNRISE LAKES DR.

Suite, Apt. #, etc.

BLDG. 5, APT. 111

Suite, Apt. #, etc.

BLDG. 5, APT. 111

City & State

SUNRISE, FL.

City & State

SUNRISE, FL.

Zip

FL 33322

Country

USA

Zip

33322

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0408066

Applied For

Not Applicable

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

EDELSTEIN, MARCIA

~~2339 N 37TH AVE~~
~~HOLLYWOOD FL 33021~~

CHANGE OF ADDRESS ONLY

Name

EDELSTEIN, MARCIA - President

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

2800 W. SUNRISE LAKES DR.

BLDG. 5, APT. 111

City

SUNRISE, FL.

FL

Zip Code

33322

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]

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDRESS CHANGE ONLY 4/12/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	EDELSTEIN, MARCIA	
STREET ADDRESS	2339 N 37TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered:

SIGNATURE:

[Signature] **MARCIA EDELSTEIN, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E034 (9/01)