

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-29-2002 93595 013 ***158.75

DOCUMENT # **p93000041248** ✓
1. Entity Name
GLOBAL TRAVEL SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3333 N.E. 34 ST.
Suite, Apt. #, etc. **404**

3. Mailing Address
5301 Sherwood Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FLORIDA
Zip **33308** Country **USA**

City & State
CLEVELAND OHIO
Zip **44126** Country **U.S.A.**

4. FEI Number
65-0436789
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

3333 N.E. 34 ST.

City **FORT LAUDERDALE** **FL** Zip Code **33308**

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 **Monika Lent** **May 1, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MONIKA LENT, PRES.
3333 N.E. 34 ST.
FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-P.
SABINA BECKER
5301 Sherwood Dr.
Cleveland, OH 44126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
JEFFRY BECKER
5301 Sherwood Dr.
Cleveland, OH 44126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Monika Lent** **MONIKA LENT** **May 1, 2002** **954-567-3578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)