

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000579

1. Entity Name

M.I.T. TRAVEL, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90014 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1420 W WATERS AVE  
SUITE 105  
TAMPA FL 33604

1420 W WATERS AVE  
SUITE 105  
TAMPA FL 33604-2830

2. Principal Place of Business

3. Mailing Address

8412 N. HABANA AVE

8412 N. HABANA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

SUITE B

City & State

City & State

TAMPA FL

TAMPA, FL

Zip

Country

Zip

Country

33614

US

33614

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3213539

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

BOLOGNA, CATANA  
1420 W WATERS AVE  
SUITE 105  
TAMPA FL 33604

8412 N. HABANA AVE  
SUITE B  
TAMPA, FL. 33614

Name

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

8412 N. HABANA AVE

SUITE B

City

TAMPA

FL

Zip Code

33614

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

*Catana Bologna*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/00

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, 2000 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  
NAME FLASHER, PAUL  
STREET ADDRESS 1420 W WATERS AVE SUITE 105  
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE P  
NAME FLASHER, PAUL  
STREET ADDRESS 8412 N HABANA AVE SUITE B  
CITY-ST-ZIP TAMPA, FL. 33614 ☒ Change ☐ Addition

TITLE V  
NAME BOLOGNA, CATANA  
STREET ADDRESS 1420 W WATERS AVE SUITE 105  
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE V  
NAME BOLOGNA, CATANA  
STREET ADDRESS 8412 HABANA AVE SUITE B  
CITY-ST-ZIP TAMPA, FL. 33614 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Catana Bologna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/00

Daytime Phone #