

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001464

1. Entity Name

R TRAVEL, INC.

Principal Place of Business

ONE SE THIRD AVENUE
SUITE 2130
MIAMI FL 33131

Mailing Address

ONE SE THIRD AVENUE
SUITE 2130
MIAMI FL 33131-1716
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0544752

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

CORPROLITE CORPORATION
ONE SE THIRD AVENUE
SUITE 2130
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	CD RUDNER, EDWARD B 1800 ELLER DR., SUITE 300 FT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 350 East Las Olas Blvd. Ste. 800 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRBY, RICHARD L 1800 ELLER DR., SUITE 300 FT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 350 East Las Olas Blvd. Ste. 800 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEL RIO, FRANK 1800 ELLER DR., SUITE 300 FT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 350 East Las Olas Blvd., Ste. 800 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BLASS, STEPHEN A ONE SE THIRD AVENUE, SUITE 2130 MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PICKUP, ROBERT E JR 1800 ELLER DRIVE, SUITE 300 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 350 East Las Olas Blvd., Ste. 800 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SANTANGELO, CARL C 3000 N FEDERAL HIGHWAY, SUITE 200 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Blass

3/16/00

Date

Assistant Secretary

305-372-9353

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90069 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR20004 10/00