

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90030 029 ***150.00

DOCUMENT # P95000049148

1. Entity Name

TRAVEL PRODUCTS U.S.A., INC.

Principal Place of Business

Mailing Address

**4701 N. FEDERAL HIGHWAY
 SUITE 475
 POMPANO BEACH FL 33064
 US**

**4701 N. FEDERAL HIGHWAY
 SUITE 475
 POMPANO BEACH FL 33304-2532
 US**

2. Principal Place of Business

3. Mailing Address

1040 BAYVIEW DRIVE

1040 BAYVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

324

324

City & State

City & State

FORT LAUDERDALE

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33304

BROWARD

33304

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0590365

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

**PORTLEY, PETER A ESQ.
 2401 E. ATLANTIC BLVD. STE 410
 POMPANO BEACH FL 33062**

Name

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

2211 E. SAMPLE ROAD, STE 204

City

POMPANO BEACH

State

FL

Zip

33064

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 **D** ☐ Delete
 NAME **HOOGSTINS, EELKE**
 STREET ADDRESS **4701 N. FEDERAL HIGHWAY SUITE 475**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

☒ Change ☐ Addition
 TITLE **D**
 NAME **HOOGSTINS, EELKE**
 STREET ADDRESS **1040 BAYVIEW DRIVE #324**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☐ Delete
 NAME **OSORIO, GEMMA**
 STREET ADDRESS **4701 N. FEDERAL HIGHWAY SUITE 475**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

☒ Change ☐ Addition
 TITLE **D**
 NAME **OSORIO, GEMMA**
 STREET ADDRESS **1040 BAYVIEW DRIVE #324**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
 TITLE
 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:

SIG RECEIVED HOOGSTINS

04-17-00

054-504-1404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #