

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

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

04-18-2002 90468 025 ***158.75

DOCUMENT # **P95000097140**

1. Entity Name

AMERICAN TRAVEL MANAGER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

UP TRAVEL AMEX

3. Mailing Address

C/O PINCHASIK, JENNIFER

Suite, Apt. #, etc.

2601 S. BRUSHEN OR

Suite, Apt. #, etc.

3225 AVIATION #500

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE FL

4. FEI Number

65-0642128

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARRY H. RIMM

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

265 N. Hibiscus Drive

City

MIAMI BEACH FL

Zip Code

33139

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 then 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
**PRESIDENT AND CEO
HARRY H. RIMM
265 N. Hibiscus Drive
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097140
1. Entity Name
AMERICAN TRAVEL MARKETING, INC.

Attachment
33/25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
VIP TRAVEL/AMEX
Suite, Apt. #, etc.
2601 S. BAYSHORE DR
City & State
COCONUT GROVE, FL
Zip
33133 Country
USA

3. Mailing Address
C/O PINCHASIK, STRONGBIN
Suite, Apt. #, etc.
3225 AVIATION #500
City & State
COCONUT GROVE, FL
Zip
33133 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0642128

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
~~Heather G. Bennett, ESQ.~~ HARRY RIMM
Street Address (P.O. Box Number is Not Acceptable)
~~3250 N. MIAMI STREET~~ 265 N. HIBISCUS DR
City
~~COCONUT GROVE~~ MIAMI BEACH FL Zip Code
~~33133~~ 33139

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 HARRY H. RIMM DATE 04/08/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

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

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CITY-ST-ZIP
PRESIDENT AND CEO
HARRY RIMM
265 N. HIBISCUS DRIVE
MIAMI BEACH, FLA 33139

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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: HARRY H. RIMM DATE 04/08/02 8585800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)