

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011317

1. Entity Name

WORLD TRAVEL REPRESENTATIVES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90012 046 ***550.00

Principal Place of Business

299 ALHAMBRA CR
 #226
 CORAL GABLES FL 33134
 US

Mailing Address

299 ALHAMBRA CR
 #226
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

2625 PONCE DE LEON BLVD

3. Mailing Address

2625 PONCE DE LEON BLVD

Suite, Apt. #, etc.

285

Suite, Apt. #, etc.

285

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0639651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARSALINI, SANDRA
 299 ALHAMBRA CR
 #226
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

BARSALINI, SANDRA

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

2625 PONCE DE LEON BLVD #285

City

CORAL GABLES

FL

Zip Code

33134

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

SANDRA BARSALINI

9/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE VD
 NAME CORDOVA, JORGE A
 STREET ADDRESS 299 ALHAMBRA CR, #226
 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE PD
 NAME BARSALINI, SANDRA
 STREET ADDRESS 299 ALHAMBRA CR, #226
 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 (305) 447 1222

Date

Daytime Phone #

CR2E034 (5/00)