

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011317

1. Entity Name
WORLD TRAVEL REPRESENTATIVES, INC.

Principal Place of Business
2625 PONCE DE LEON BLVD
285
CORAL GABLES FL 33134
US

Mailing Address
2625 PONCE DE LEON BLVD
285
CORAL GABLES FL 33134
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

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
2625 PONCE DE LEON BLVD
#285
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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  SANDRA BARSALINI 11/6/01
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 12, 2001 Fee 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 700004703267-0
STREET ADDRESS -12/04/01--01010--009
CITY-ST-ZIP ****750.00 ****750.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
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:  SANDRA BARSALINI 9/29/01 305 447 1222
Signature and typed or printed name of signing officer or director Date Daytime Phone #

APPROVED
AND
FILED

01 NOV -9 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

0006656 AV

CR2E034 (5/01)