2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003
Secretary of State

DOCUMENT# P96000011317

Entity Name: WORLD TRAVEL REPRESENTATIVES, INC.

Current Principal Place of Business:

2625 PONCE DE LEON BLVD
285
CORAL GABLES, FL 33134 US

New Principal Place of Business:

505 MAJORCA AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

2625 PONCE DE LEON BLVD
285
CORAL GABLES, FL 33134 US

New Mailing Address:

505 MAJORCA AVENUE
CORAL GABLES, FL 33134 US

FEI Number: 65-0639651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARSALINI, SANDRA
2625 PONCE DE LEON BLVD
#285
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BARSALINI, SANDRA
505 MAJORCA AVENUE
CORAL GABLES, FL 33134 US

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 01/23/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: CORDOVA, JORGE A
Address: 505 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete
Name: BARSALINI, SANDRA
Address: 2625 PONCE DE LEON BLVD #285
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: BARSALINI, SANDRA
Address: 505 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA BARSALINI PD 01/23/2003
Electronic Signature of Signing Officer or Director Date