

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035096

1. Entity Name

LAKE WORTH TRAVEL GROUP, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90097 023 ***150.00

Principal Place of Business

704 LUCERNE AVE.
LAKE WORTH FL 33414

Mailing Address

P.O. BOX 1469
LAKE WORTH FL. 33460-1469
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0653538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARM, STEVEN ESO
BOCA CORPORATE CENTER, SUITE 215
2101 CORPORATE BLVD.
BOCA RATON FL 33431

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMEJO, PEDRO R	
STREET ADDRESS	1135 S W 19TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BERGER, JOEL	
STREET ADDRESS	5961 N W 2ND AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABUKHELAF, JEAN	
STREET ADDRESS	1135 S W 19TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINDEN, MARC	
STREET ADDRESS	661 S W 15TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00
Date

561 582 3522
Daytime Phone #