

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075544

1. Entity Name

GLOBAL TRAVEL ENTERPRISES INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90310 032 ***150.00

Principal Place of Business

3517 SW 35 TERR
 MIAMI FL 33133
 US

Mailing Address

3517 S.W. 25 TERRACE
 MIAMI FL 32869-2652

2. Principal Place of Business

6852 WEISER ST.

3. Mailing Address

PO BOX 692652

Suite, Apt. #, etc.

E-110

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32821

Country

USA

Zip

32869

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0692842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUTHY, ROBERTO
 3517 S.W. 25 TERRACE
 MIAMI FL 33133

Name

LUTHY, ROBERTO

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

6852 WEISER ST.

E-110

City

ORLANDO

FL

Zip Code

32821

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LUTHY, ROBERTO	
STREET ADDRESS	3517 S.W. 25 TERRACE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUTHY, VEVITA	
STREET ADDRESS	3517 S.W. 25 TERRACE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHY, ROBERTO	
STREET ADDRESS	6852 WEISER ST.	
CITY-ST-ZIP	E-110 ORL 32821	
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:

Robert Luthy Roberto LUTHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)