

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076756

1. Entity Name

DUR TRAVEL, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90092 033 ***150.00

Principal Place of Business

Mailing Address

630 US HIGHWAY 1
STE 205
NORTH PALM BEACH FL 33408

630 US HIGHWAY 1
STE 205
NORTH PALM BEACH FL 33408-4610

2. Principal Place of Business

3. Mailing Address

292 S. County Rd.

675 Third Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 213

3rd Floor

City & State
Palm Beach FL

City & State
New York NY

Zip
33480

Country
USA

Zip
10017

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0708403

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

SLAVIN, MICHAEL
4440 PGA BLVD
STE 402
PALM BEACH GARDENS FL 33410

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME DURR, NICOLE
STREET ADDRESS 630 US HIGHWAY 1, STE 205
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE PS ☒ Change ☐ Addition
NAME Durr Nicole
STREET ADDRESS 675 Third Ave 3rd Floor
CITY-ST-ZIP New York NY 10017

TITLE T ☐ Delete
NAME BIELSKI, KAREN
STREET ADDRESS 630 US HIGHWAY 1, STE 205
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE T ☒ Change ☐ Addition
NAME Bielski, Karen
STREET ADDRESS 292 S. County Rd Suite 213
CITY-ST-ZIP Palm Beach FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Karen Bielski KAREN BIELSKI 4/28/00 561-379-7134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)