

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093191

1. Entity Name

TRAVEL ATTITUDES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90091 034 ***150.00

Principal Place of Business

~~10070 SW 5TH WAY~~ **1440 W. SR 84**
FORT LAUDERDALE FL 33315

Mailing Address

~~10070 SW 5TH WAY~~ **PO Box 22746**
FORT LAUDERDALE FL 33335
US

2. Principal Place of Business

1440 W. State Rd 84
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 22746
 Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Ft Lauderdale, FL

4. FEI Number

65-0708256

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

HYNDS, PATRICIA

~~10070 SW 5TH WAY~~
FORT LAUDERDALE FL 33326

Name

Hynds, Patricia

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

16740 Waters Edge Dr

City

Ft Lauderdale

FL

Zip Code

33326

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	HYNDS, PATRICIA	
STREET ADDRESS	10070 SW 5TH WAY 16740 Waters Edge Dr	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
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		<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
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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

4/27/00 954-217-4069
 Date Daytime Phone #

CR2E034 (9/99)