

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103222

1. Entity Name  
INNOVATIONS IN TRAVEL, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90112 044 \*\*\*150.00

Principal Place of Business Mailing Address  
2750 N. 29TH AVE., STE. 124  
HOLLYWOOD FL 33020-1516  
**TOURS BY CONNOR**  
2700 N. 29TH AVE., STE. 124  
HOLLYWOOD FL 33020-1516  
800-788-0001

000-100-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
2700 N. 29th Ave 2700 N. 29th Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
#206 #206  
City & State City & State  
Hollywood, Florida Hollywood, Florida  
Zip Country Zip Country  
33021 Broward 33020 U.S.A.

4. FEI Number 65-0714723 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SPIERER, CHARLES  
2750 N. 29TH AVE., STE. 124  
HOLLYWOOD FL 33020  
2700 No 29 Ave  
#206

7. Name and Address of New Registered Agent  
Name: GEORGE BLUTSTEIN  
Street Address (P.O. Box Number is Not Acceptable)  
4700 B SHERIDAN ST  
HOLLYWOOD FL 33021  
City 954 963 9205 FL Zip Code 33021

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIERER, CHARLES		NAME	CHARLES SPIERER	
STREET ADDRESS	2000 N. HILLS DRIVE, #120		STREET ADDRESS	1401 ST. ANDREWS RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*Charles Spierer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

954-9205007

Daytime Phone #

CR2E034 (10/00)