

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051074

1. Entity Name

FAIRBANKS TRAVEL, INC.

Principal Place of Business

2458 NORTHWEST 63RD STREET  
BOCA RATON FL 33496

Mailing Address

2458 NORTHWEST 63RD STREET  
BOCA RATON FL 33496

2. Principal Place of Business

2601 N.W. 29th DRIVE

3. Mailing Address

2601 N.W. 29th DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FLORIDA

City & State

Boca Raton, FLORIDA

Zip

33434

Country

USA

Zip

33434

Country

USA

6. Name and Address of Current Registered Agent

PENNEKAMP, TOM JR.  
GROSSMAN AND ROTH P.A.  
2654 S. BAYSHORE DR PH1  
MIAMI FL 33131

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, 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

TITLE P  
NAME RUTTENBERG, ROCHELIE  
STREET ADDRESS 2458 NW 63RD STREET  
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

*Rochelle Ruttenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 6, 2001* *561-558-0202*  
Date Daytime Phone #

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90019 048 \*\*\*158.75

00027303



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)