

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064537

1. Entity Name
DESTINATION TRAVEL SPECIALISTS, INC.

Principal Place of Business
7660 PHILLIPS HWY SUITE 15
JACKSONVILLE FL 32256
US

Mailing Address
7660 PHILLIPS HWY SUITE 15
JACKSONVILLE FL 32256
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3458956

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

WILSON, JACQUELINE A
7660 PHILLIPS HWY SUITE 15
JACKSONVILLE FL 32256

Name JUDITH A. GRAFF

Street Address (P.O. Box Number is Not Acceptable)
7660 PHILLIPS Highway STE 15

City Jacksonville FL Zip Code 32256

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 JUDITH A. GRAFF

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-7-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME LAJEVARDI, ABDI
STREET ADDRESS 18 SOUTH PEAK
CITY-ST-ZIP LAGUNA NIGUEL CA 92677 ☐ Delete

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

TITLE D
NAME BAYRAMI, ALI
STREET ADDRESS 23 OLD RANCH ROAD
CITY-ST-ZIP LAGUNA NIGUEL CA 92677 ☐ Delete

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

TITLE D
NAME KEIVANFAR, FARZAD F
STREET ADDRESS 575 EVELYN PLACE
CITY-ST-ZIP BEVERLY HILLS CA 90210 ☐ Delete

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

TITLE D
NAME GORFU, IASU
STREET ADDRESS 9852 STANFORD AVENUE
CITY-ST-ZIP GARDEN GROVE CA 92641 ☐ Delete

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

TITLE D
NAME LOCKWOOD, SANDRA
STREET ADDRESS 221 N ROSCOE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE D
NAME ROGERS, KAREN
STREET ADDRESS 221 N ROCOE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-00
Date

904-137-1996
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)