

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90181 041 \*\*\*150.00

DOCUMENT # P97000102872

1. Entity Name

CORNICHE TRAVEL CONSULTANTS, INC.

Principal Place of Business

Mailing Address

~~9144 GLADES ROAD  
BOCA RATON FL 33434~~

~~9144 GLADES ROAD  
BOCA RATON FL 33434~~

2. Principal Place of Business

3. Mailing Address

4000 N.E. 168<sup>th</sup> ST

4000 N.E. 168<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 6

PH 6

City & State  
N. MIAMI BEACH, FL

City & State  
N. MIAMI BEACH, FL

Zip  
33160

Country  
U.S.A.

Zip  
33160

Country  
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2070123

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

~~AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134~~

Name RONALD TEMKIN, ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
616 ATLANTIC SHORES BLVD  
SUITE A  
City HALLENDALE, FL FL Zip Code 33009

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 *Marilyn Attias*

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 NAME STREET ADDRESS CITY-ST-ZIP	PTV ATTIAS, MARILYN 9144 GLADES ROAD BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BEZIAT, BRIAN F 9144 GLADES ROAD BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTV MARILYN ATTIAS 4000 N.E. 168 <sup>th</sup> ST #6 N. MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRIAN F. BEZIAT 4000 N.E. 168 <sup>th</sup> ST #6 N. MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Marilyn Attias*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00 305-937-0450  
Date Daytime Phone #

CR2E034 (9/99)