

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102872

1. Entity Name:

CORNICHE TRAVEL CONSULTANTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -8 PM 1:43

Principal Place of Business

Mailing Address

Principal Place of Business

MAILING ADDRESS
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

4000 N.E. 168TH ST

4000 N.E. 168TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 6

PH 6

City & State

City & State

N. MIAMI BEACH, FL

N. MIAMI BEACH, FL

33160

U.S.A.

33160

U.S.A.

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
615 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 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 of officer or director, or registered agent, and if applicable, the registered agent

(NOTE: Registered Agent signature required when registering)

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 Contributor

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTV	☐ Delete
NAME	ATTIAS, MARILYN	
STREET ADDRESS	8144 GLADES ROAD	
CITY-STATE-ZIP	BOCA RATON FL 33434	
TITLE	VS	☐ Delete
NAME	BEZIAT, BRIAN F	
STREET ADDRESS	8144 GLADES ROAD	
CITY-STATE-ZIP	BOCA RATON FL 33434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PTV	☒ Change ☐ Addition
NAME	MARILYN ATTIAS	
STREET ADDRESS	4000 N.E. 168 TH ST #6	
CITY-STATE-ZIP	N. MIAMI BEACH, FL 33160	
TITLE	VS	☒ Change ☐ Addition
NAME	BRIAN BEZIAT	
STREET ADDRESS	4000 N.E. 168 TH ST #6	
CITY-STATE-ZIP	N. MIAMI BEACH, FL 33160	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. 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, changed, or on an attachment with an address, with a letter-like empowered.

SIGNATURE:

Marilyn Attias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00 305-944-3510