

FROM : PRESTIGE 1305 891 0004

PHONE NO. :


05/19/2004 14:03 FAX 305 271 9544

WALD AND COHEN, PA.

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-08-2004 90123 016 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000105290		
1. Entity Name UNION TRAVEL ASSOCIATES OF SOUTH FLORIDA, INC.		
Principal Place of Business 1948 NE 123RD ST. MIAMI, FL 33181	Mailing Address 1948 NE 123RD ST. MIAMI, FL 33181	
DO NOT WRITE IN THIS SPACE		
06192004 No Chg-P CR2E034 (10/03) 4. FFI Number 85-0800258 Applied For: <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STUDDS, NICHOLAS 1948 NE 124RD ST. MIAMI, FL 33181		
DO NOT WRITE IN THIS SPACE		
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. I am for this act, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>SIGNATURE: Name of person or persons at registered office to file & obtain copy (PARTIAL Registered Agent; signature required when changing)</small>		
FILE NOW! FEE IS \$850.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUDDS, NICHOLAS 1948 NE 123RD ST. MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, MARIA MICHAELS 4403 FINE TREE DRIVE MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 appointed to supervise this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, which other like approved.		
SIGNATURE: <u>Nicholas Studds</u> 8-31-04 <small>SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION</small>		

66434134



Attachment
66434134

WALD AND COHEN, P.A.

Certified Public Accountants

Earl A. Wald, C.P.A.
Albert R. Cohen, C.P.A.

Members: American Institute of C.P.A.'s
Florida Institute of C.P.A.'s

September 23, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Union Travel Associates of South Florida, Inc.
Ref# P97000105296

Gentlemen:

We are in receipt of your letter dated September 10, 2004. Please be advised above taxpayer never received prior notice to file the Annual Report for the year 2004. Please abate the penalty for late filing. He filed on August 31, 2004 as soon as he became aware that it was due.

Thank you for your cooperation in this matter.

Sincerely,

WALD AND COHEN P.A.

Albert R. Cohen
Certified Public Accountant

FROM : PRESTIGE 1305 891 0004

PHONE NO. :

Attachment Sep. 20 2004 10:18AM P1



66434134

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 10, 2004

UNION TRAVEL ASSOCIATES OF SOUTH FLORIDA, INC.
1946 NE 123RD ST.
MIAMI, FL 33181

Subject: UNION TRAVEL ASSOCIATES OF SOUTH FLORIDA, INC.

Reference Number: P97000105290

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314