

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006962

1. Entity Name

NATIONAL TRAVEL MARKETING, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90479 021 ***150.00

Principal Place of Business

Mailing Address

871 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

871 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311-1731

949315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2419 E. COMMERCIAL BLVD. 2419 E. COMMERCIAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33308

USA

33308

USA

4. FEI Number

65-0813525

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

BLODIG, GREGORY J ESQ.
GREENSPOON, MARDER, HIRSCHFIELD, ET AL.
100 WEST CYRPRESS CREEK ROAD SUITE 700
FT. LAUDERDALE FL 33309

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, 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 | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMBERT, DANIEL | | NAME | Lambert, Daniel | |
| STREET ADDRESS | 871 WEST OAKLAND PARK BLVD. | | STREET ADDRESS | 2419 E. Commercial Blvd. Suite 100 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33311 | | CITY-ST-ZIP | FT. Lauderdale, FL 33308 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERILLO, JAMES | | NAME | Verillo, James | |
| STREET ADDRESS | 871 WEST OAKLAND PARK BLVD. | | STREET ADDRESS | 2419 E. Commercial Blvd Suite 100 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33311 | | CITY-ST-ZIP | FT. Lauderdale, FL 33308 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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

4/17/00 9546309449

Date

Daytime Phone #

CR2E034 (9/99)