

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-01-2000 90005 034 ***150.00

DOCUMENT # P98000046572

1. Entity Name

WORLD TRAVEL CONSULTANTS, INC.

Principal Place of Business

2801 FLORIDA AVENUE
 SUITE 20
 COCONUT GROVE FL 33133

Mailing Address

2801 FLORIDA AVENUE
 SUITE 20
 COCONUT GROVE FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0838719

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COCCHIANO, SUSAN
2801 FLORIDA AVENUE
SUITE 20
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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 renewing)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMUNDO, OLGA	
STREET ADDRESS	2801 FLORIDA AVENUE, #20	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COCCHIANO, SUSAN F	
STREET ADDRESS	2801 FLORIDA AVENUE, #20	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MENDAL, DAVID	
STREET ADDRESS	2801 FLORIDA AVENUE, #20	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	FRASCARELLI, LUIS	
STREET ADDRESS	2801 FLORIDA AVENUE, #20	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

305-445-7791

Date

Daytime Phone #



P98000046572
107968

August 24, 2000

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

FEI #65-0838719

To whom it may concern:

I am writing in reference to the above FEI identification number.

Please be advised that the annual report/uniform business report was sent on July 25, 2000 along with a check for \$150 (which cleared my account on August 3rd). I was advised that this report would not be considered late as I originally filed to the P.O. Box address on February 8th.

We would like to kindly request that this report considered filed.

Thank you for your kind attention to this matter.

Sincerely,

Susan F. Cocchiano

MEMBERS:

Continental Travel
2801 Florida Ave., Suite 20
Coconut Grove, FL 33133
Tel: 305/445-7791

Express Travel
6351 Sunset Drive
South Miami, FL 33143
Tel: 305/341-1200

Forest Travel
2875 N.E. 191 Street
Suite 305
Aventura, FL 33180
Tel: 305/932-5560

Brickell Executive Travel
600 Brickell Ave.
Suite 104
Miami, FL 33131
Tel: 305/358-7030
Cell.: 305/903-6111

P 98 0020 46572 107968

WORLD TRAVEL CONSULTANTS
6351 SUNSET DR.
SOUTH MIAMI, FL 33143

63-8376/2670
102

1008

Date 2/9/00

Pay to the Order of Department of State \$ 150.
One hundred fifty and no Dollars



Coral Gables #102
2121 Ponce de Leon Blvd.
Coral Gables, FL 33134



For 65-083879

S. Coccolia

⑆ 267083763⑆ 0055982712⑈ 1008

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P9800004657a

107968

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WORLD TRAVEL CONSULTANTS
 6351 SUNSET DR.
 SOUTH MIAMI, FL 33143

63-8376/2670
 102
 1012

Pay to the Departure of State \$ 150.-
 Order of One hundred fifty and 00/100 Dollars

Bank Atlantic
 Coral Gables #102
 2121 Ponce de Leon Blvd
 Coral Gables, FL 33134

For S. Lockyer

⑆ 267083763⑆ 0055982712⑆ 1012

UNIFORM BUSINESS REPORT (UBR)

107967

Attachment

STATEMENT # P98000046572

Company Name
WORLD TRAVEL CONSULTANTS, INC.

Principal Place of Business 2801 FLORIDA AVENUE SUITE 20 COCONUT GROVE FL 33133	Mailing Address 2801 FLORIDA AVENUE SUITE 20 COCONUT GROVE FL 33133
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0838719	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

**COCCHIANO, SUSAN
 2801 FLORIDA AVENUE
 SUITE 20
 COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature: Typed or printed name of registered agent and title if applicable 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMUNDO, OLGA 2801 FLORIDA AVENUE, #20 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COCCHIANO, SUSAN F 2801 FLORIDA AVENUE, #20 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDAL, DAVID 2801 FLORIDA AVENUE, #20 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FRASCARELLI, LUIS 2801 FLORIDA AVENUE, #20 COCONUT GROVE FL 33133 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: S. Cocchiano

2/8/00 305-445-7771