

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 \$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
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CITY-ST-ZIP		
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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 3<sup>rd</sup>). I was advised that this report would not be considered late as I originally filed to the P.O. Box address on February 8<sup>th</sup>.

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 002046572 107968

<b>WORLD TRAVEL CONSULTANTS</b> 6351 SUNSET DR. SOUTH MIAMI, FL 33143		63-8376/2670 102	1008
Pay to the Order of <u>Department of State</u>		Date <u>2/9/00</u>	
<u>One hundred fifty and no</u>		<u>\$150.-</u>	
		Dollars	
For <u>65-083879</u>			
1: 2670837631: 005598271211 1008			
<small>Coral Gables #102 2121 Ponce de Leon Blvd. Coral Gables, FL 33134</small>			

P98000046572

107968

<small>© Charles A. American</small> <small>COLONIAL CLASSIC WOC</small>	
<b>WORLD TRAVEL CONSULTANTS</b> 6351 SUNSET DR. SOUTH MIAMI, FL 33143	63-8376/2670 102 1012
Pay to the <u>Department of State</u> \$ <u>150.-</u>	Date <u>7/25/00</u>
Order of <u>One hundred fifty and 00/100</u> Dollars	
 Coral Gables #102 2121 Ponce de Leon Blvd. Coral Gables, FL 33134	
For <u>S. Locelle</u>	
⑆267083763⑆ 0055982712⑆ 1012	

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046572

Entity Name

WORLD TRAVEL CONSULTANTS, INC.

107967

Attachment

Principal Place of Business 2801 FLORIDA AVENUE SUITE 20 COCONUT GROVE FL 33133	Mailing Address 2801 FLORIDA AVENUE SUITE 20 COCONUT GROVE FL 33133
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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 <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
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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 translating)

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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SIGNATURE: S. Cocchiano 2/8/00 305-445-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #