

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067279

1. Entity Name

TRAVEL AND STUDY INC.

Principal Place of Business

10630 S.W. 126 AVENUE  
MIAMI FL 33186

Mailing Address

10630 S.W. 126 AVENUE  
MIAMI FL 33186

2. Principal Place of Business

8540 S.W. 133 Ave

3. Mailing Address

8540 S.W. 133 Avenue

Suite, Apt. #, etc.

#409

Suite, Apt. #, etc.

#409

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33183

Country

U.S.A.

Zip

33183

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLINA, ELIZABETH  
10630 SW 126 AVENUE  
MIAMI FL 33186

Name

ELIZABETH MOLINA

Street Address (P.O. Box Number is Not Acceptable)

8540 S.W. 133 Avenue

Apt. 409

City

Miami

FL

Zip Code

33183

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

*Elizabeth Molina*  
Signature, typed or printed name of registered agent and title if applicable.

ELIZABETH MOLINA, PRESIDENT

DATE

4/20/2001

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, 2001 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	0	<input checked="" type="checkbox"/> Delete
NAME	MOLINA, ELIZABETH	
STREET ADDRESS	10630 SW 126 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH MOLINA	
STREET ADDRESS	8540 SW. 133 AVENUE #409	
CITY-ST-ZIP	MIAMI, FLORIDA 33183	
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:

*Elizabeth Molina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

305 408 4822

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90063 007 \*\*\*150.00