

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 17, 2000 08:00 AM  
Secretary of State****DOCUMENT # P98000076635****1. Entity Name**

TRAVEL MARKETING PARTNERS, INC.

**Principal Place of Business**

41212 FISHER ISLAND DR

FISHER ISLAND  
33109

FL

**Mailing Address**

41212 FISHER ISLAND DR

FISHER ISLAND  
33109

FL

**2. Principal Place of Business**

41212 FISHER ISLAND DR

**3. Mailing Address**

41212 FISHER ISLAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

FISHER ISLAND

FL

**City & State**

FISHER ISLAND

FL

**4. FEI Number**

65-0887577

Applied For

Not Applicable

**Zip**

331091253

**Country****Zip**

331091253

**Country****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**KUBIT DONALD E  
100 SE 2ND ST, 17TH FLMIAMI FL  
33131 US**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 reinstating)

02/17/2000

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	PS	<input type="checkbox"/> Delete
NAME	PARESKY MARIC	
STREET ADDRESS	2415 FISHER ISLAND DR	
CITY-ST-ZIP	FISHER ISLAND FL 33109	

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARESKY MARK A	
STREET ADDRESS	2415 FISHER ISLAND DR	
CITY-ST-ZIP	FISHER ISLAND FL 33109	

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		

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:** Mark A. Paresky

PS 02/17/2000