2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000089975

1. Entity Name

S. M. INTERNATIONAL TRAVEL, INC

FILED
01 MAY -3 PM 6:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6262 N. ANDREW AVE. FT. Lauderdale, FL 33309	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
N. ANDREW AVE.	
Suite, Apt. #, etc. 6262	Suite, Apt. #, etc.
City & State FORT LAUDERDALE, FL	City & State
Zip 33309 Country USA	Zip 33309 Country USA.

4. FEI Number 65-0870130 ☐ 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
MASSOUD SAMIR 6262 N. ANDREW AVE. 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] 26 APR 01 SAMIR MASSOUD
(Attach additional pages if more than one registered agent and/or officer/director) (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 NAME STREET ADDRESS CITY-ST-ZIP	D MASSOUD SAMIR 6262 N. ANDREW AVE. FT. LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200004219392--8 -05/16/01--01031--010 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004219362 ☐ Change ☐ Addition -05/16/01--01031--011 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 00-01482 FS

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] 26 APR 01 SAMIR MASSOUD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(850)205-0284

Attachment P980000899 75 PAge 2 of 2

Noor Travel & Tours
6262 N. Andrews Ave.Ft. Lauderdale, FL 33309
Tel.: (954) 202-3433
Fax: (954) 202-5033

Dear

I never received the annual before, please make sure my correct address:

6262 N. ANDREWS AVE.
FT. LAUDERDALE, FL. 33309

Thanks for your cooperation in this matter, is very much appriciated.

Best regards.

Samir Massoud
APR 26 01