

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094359

1. Entity Name

BORMAR TRAVEL BUREAU, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90056 049 ***150.00

Principal Place of Business

17100 COLLIN AVE
 SUNNY ISLES 104
 SUNNY ISLES FL 33160

Mailing Address

17100 COLLIN AVE
 SUNNY ISLES 104
 MIAMI FL 33160-3675

2. Principal Place of Business

16228 COLLINS AVENUE

Suite, Apt. #, etc.

3. Mailing Address

16228 COLLINS AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SUNNY ISLES FLORIDA

City & State
SUNNY ISLES FLORIDA

4. FEI Number **65-0872568**

Applied For

Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
usa

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

SANCHEZ, JUAN A
10691 N KENDALL
SUITE 310
MIAMI FL 33176

Name
ADRIANA P. BORYSOWSKI

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

19240 NE 23 AVENUE

City
AVENRTURA

FL

Zip Code **33180**

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]
 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 \$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
P BORYSOWSKI, ADRIANA P
17100 COLLINS AVE STE 104
SUNNY ISLES FL 33160

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 live empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

944-3411
 Daytime Phone #

CR2E034 (9/99)