2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001782

THE DISCERNING TRAVELER, INC.

Principal Place of Business

Mailing Address

FC

30 NORTHWEST 44TH COURT ORT LAUDERDALE FL 33309		1330 NORTHWEST 44TH COURT FORT LAUDERDALE FL 33309-3726						
]) 	 	
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, 6	etc.		DO NOT WE	RITE IN THIS SF	PACE	
City & State		City & State	City & State		4. FEI Number 65 - 089 / 49	 4	_ 	plied For t Applicable
Zip	Country Zip Coun		try	5. Certificate of Status Desired		8.75 Add	litional	
6. Name and Address of Current Registered Agent					7. Name and Address of New	Registered Ag	jent	
				Name				
1330 NOR	ebecca Larsen Thwest 44th Court Derdale FL 33309			Street Address ((P.O. Box Number is Not Acceptab	ole)		
				City		FL	Zip Code	9
Signature, typed or printed name of registered agent Signature, typed or printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		ble FIL After M			10. Election Campaign F			O May Be to Fees
` I.		ND DIRECTORS	12.		ADDITIONS/CHANGES TO OF	FICERS AND D	DIRECTORS	S IN 11
TLE AME REET ADDRESS TY-ST-ZIP		□ D	elete TITLE NAM: STRE	E RE	C/5/T/D BECCA LARSEN 30 N.W. 4477 ET LAUDERDALE	ERME COUR	□ Change	Addition
ILE AME REET ADDRESS TY-ST-ZIP		0	NAMI STRE	14	WRENCE E. E 30 N.W. 44TH ET LABERDALE	DM=72	□ Change '. 3333	Addition
LE ME REET ADDRESS IY-ST-ZIP		□ D	NAMI STRE		-		☐ Change ·	Addition
TLE AME REET ADDRESS TY-ST-ZIP		□ D	NAM! STRE				☐ Change	☐ Addition
TLE AME TREET ADDRESS		□ D	NAM! STRE				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 ascress, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

STREET ADDRESS

Delete

☐ Change

Addition

Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90034 003 ***150.00