

APR-27-01 SAT 02:35 PM

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90406 027 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012992

1. Entity Name

TRAVELISTICS, INC.

Principal Place of Business

2000 NW 150 Avenue
Suite 2105
Pembroke Pines, FL
33028

Mailing Address

2000 NW 150th Ave.
Suite 2105
Pembroke Pines, FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 2105

Suite, Apt. #, etc.

SUITE 2105

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0891953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0068774

6. Name and Address of Current Registered Agent

Toni Pallatto
2000 NW 150th Avenue, SUITE 2105
Pembroke Pines, FL 33028

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR. TONI PALLATTO
2000 NW 150th Avenue, Suite 2105
Pembroke Pines, FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR. Charles Bass
2000 NW 150th Avenue Suite 2105
Pembroke Pines, FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Executive Officer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Operating Officer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/O George Macropoulos
2000 NW 150th Avenue
Pembroke Pines, FL 33028 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Financial Officer ☒ Change ☐ Addition
V Spencer Taylor
2000 NW 150th Avenue
Pembroke Pines, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 like empowered.

SIGNATURE

CR2E034 (11/00)