

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90486 018 ***150.00

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1. Entity Name
UNITED TRAVEL RETAILERS ASSOCIATION, INC.



Principal Place of Business
**20505 E. COUNTRY CLUB DRIVE
#636
AVENTURA FL 33180**

Mailing Address
**20505 E. COUNTRY CLUB DRIVE
#636
AVENTURA FL 33180**

2. Principal Place of Business
5206 Grant ST
Suite, Apt. #, etc.

3. Mailing Address
5206 Grant ST
Suite, Apt. #, etc.

City & State
Hollywood, FL.

City & State
Hollywood, FL.

4. FEI Number **65-0898060**

Applied For
Not Applicable

Zip **33021** Country **U.S.A.**

Zip **33021** Country **U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARCIA, ERIC
20505 E COUNTRY CLUB DR #636
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Garcia, ERIC**
Street Address (P.O. Box Number is Not Acceptable)
5206 Grant ST
City **Hollywood** FL Zip Code **33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **GARCIA, ERIC**
STREET ADDRESS **20505 E. COUNTRY CLUB DRIVE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **T** ☐ Delete
NAME **WARREN, LESLEY**
STREET ADDRESS **20505 E COUNTRY CLUB DR #636**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **Garcia, ERIC**
STREET ADDRESS **5206 Grant ST**
CITY-ST-ZIP **Hollywood, FL. 33021**

TITLE **T** ☒ Change ☐ Addition
NAME **Warren, Lesley**
STREET ADDRESS **5206 Grant ST**
CITY-ST-ZIP **Hollywood, FL. 33021**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Eric Garcia**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

(305) 379-7377

Date Daytime Phone #

CR2E034 (10/02)