

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050721

1. Entity Name

JB TRAVEL AGENCY, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90012 023 \*\*\*150.00

Principal Place of Business

Mailing Address

2450 NE 135TH STREET NOT 808  
NORTH MIAMI FL 33181

2450 NE 135TH STREET NOT 808  
NORTH MIAMI FL 33181-3535

2. Principal Place of Business

343 Ines Darny Rd # 3

3. Mailing Address

343 Ines Darny Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number

65-0924671

Applied For

Not Applicable

Zip

33179

Country

State

Zip

33179

Country

State

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

BIRCHENALL, JACQUELINE  
2450 NE 135TH STREET NOT 808  
NORTH MIAMI FL 33181

Name

JACQUELINE BIRCHENALL

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

343 Ines Darny Rd #3

City

North Miami

FL

Zip Code

33179

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 reinstating)

DATE

Feb 24/00

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

PSD  
BIRCHENALL, JACQUELINE  
2450 NE 135TH STREET NO. 808  
NORTH MIAMI FL 33181

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSD  
BIRCHENALL, JACQUELINE  
343 Ines Darny Rd #3  
North Miami, FL, 33179

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE BIRCHENALL

Date

Feb 24/00 (305) 947-9228

Daytime Phone #