

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000075342

FILED
Mar 18, 2003
Secretary of State

Entity Name: TRAVEL FOR LE\$\$, INC.

Current Principal Place of Business:

2713 S.W. 37 AVE.
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2713 S.W. 37 AVE.
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0940731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VASQUEZ, JOEL V
16561 NW 5TH STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

RAPIZZA, VITTORIO M P
14180 SW 84 STREET
APT # 209 G
MIAMI, FL 33183 US

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: VITTORI M. RAPIZZA

03/18/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: VASQUEZ, JOEL V
Address: 16561 NW 5TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VSD () Delete
Name: VASQUEZ, ROCIO
Address: 16561 NW 5TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAPIZZA, VITTORIO M P
Address: 14180 SW 84 STREET APT # 209 G
City-St-Zip: MIAMI, FL 33183 US

Title: V (X) Change () Addition
Name: DORIA, ENRIQUE F V
Address: 14140 SW 84 STREET APT # 105 H
City-St-Zip: MAIMI, FL 33183

Title: TDM () Change (X) Addition
Name: VALENCIA, NELLY A TDM
Address: 14140 SW 84 STREET APT # 105 H
City-St-Zip: MIAMI, FL 33183 US

Title: SDM () Change (X) Addition
Name: ROJAS, ALIS N SDM
Address: 14180 SW 84 STREET APT # 209 G
City-St-Zip: MIAMI, FL 33183 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VITTORIO M. RAPIZZA

P

03/18/2003

Electronic Signature of Signing Officer or Director

Date