

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90223 001 ***300.00

DOCUMENT # TP99000084445

1. Entity Name
TRAVELEASE INTERNATONAL, INC. ✓

Principal Place of Business 871 E. Commercial Blvd.
Oakland Park, FL 33334
Mailing Address 871 E. Commercial Blvd.
Oakland Park, FL 33334

2. Principal Place of Business 401 N.E. Mizner Blvd.
Suite, Apt. #, etc. PH809
3. Mailing Address 401 N.E. Mizner Blvd.
Suite, Apt. #, etc. PH809

City & State Boca Raton, FL
City & State Boca Raton, FL

Zip 33432 **Country** USA
Zip 33432 **Country** USA

4. FEI Number 65-0978210
Applied For ☐ **Not Applicable** ☒

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

HCRM CORP.
2200 CORPORATE BLVD. N.W. SUITE 401
BOCA RATON, FLORIDA 33431

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 reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DPS				
	Bryan Yamhure	401 N.E. Mizner Blvd., PH809	Boca Raton, Florida 33432		

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:

Bryan Yamhure
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan Yamhure, President

2/29/00

Date

561-416-7326

Daytime Phone #

CR2E034 (9/99)