

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106872

1. Entity Name

MIAMI GARDENS TRAVEL, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90038 029 \*\*\*150.00

Principal Place of Business

18500 ~~18500~~ <sup>West</sup> DIXIE HIGHWAY  
 AVENTURA FL 33180

Mailing Address

18500 ~~18500~~ <sup>West</sup> DIXIE HIGHWAY  
 AVENTURA FL 33180

2. Principal Place of Business

18500 W. DIXIE Hwy  
 Suite, Apt. #, etc.

3. Mailing Address

18500 W. DIXIE Hwy  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 AVENTURA

City & State  
 FL

4. Fil Number  
 05-0970857

Applied For  
 Not Applicable

Zip  
 33180

Country

Zip  
 33180

Country

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

ROSEN, MARK L  
 1380 NE MIAMI GARDENS DRIVE  
 NORTH MIAMI BEACH FL 33179

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME P/D  
 STREET ADDRESS Shelley COSTIN  
 CITY-ST-ZIP 18500 W DIXIE Hwy  
 AVENTURA FL 33180

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

Shelley R. Costin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/00

Daytime Phone #

CP20004 (0/00)