

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90079 018 ***150.00

DOCUMENT # S03290

1. Entity Name
TRAVEL MARKETING CONSULTANTS CORP.

Principal Place of Business

**5000 NW 36TH ST
MIAMI FL 33178
US**

Mailing Address

**P.O. BOX 661538
MIAMI SPRINGS FL 33266
US**

80013483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0215268**

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

**LANDIS, LEO
9439 NW 54 DORAL CIRCLE LANE
MIAMI FL 33178**

Name **LANDIS, LEO**
Street Address (P.O. Box Number is Not Acceptable)
11100 SW 64 AVE
City **PINECREST** FL Zip Code **33156**

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, 2002 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 **PD** ☐ Delete
NAME **LANDIS, RHODA**
STREET ADDRESS **9439 NW 54 DORAL CIR LN**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **LAND PD** ☒ Change ☐ Addition
NAME **LANDIS, RHODA**
STREET ADDRESS **11100 SW 64 AVE**
CITY-ST-ZIP **PINECREST FL 33156**

TITLE **STD** ☐ Delete
NAME **LANDIS, LEO**
STREET ADDRESS **9439 NW 54 DORAL CIR LN**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **STD** ☐ Change ☐ Addition
NAME **LANDIS, LEO**
STREET ADDRESS **11100 SW 64 AVE**
CITY-ST-ZIP **PINECREST FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)