

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S65899

1. Entity Name

TRAVEL VENTURE GROUP, CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90118 011 ***150.00

Principal Place of Business

Mailing Address

3573 S.W. 173RD TERR.
MIRAMAR FL 33026

3573 S.W. 173RD TERR.
MIRAMAR FL 33029-1807

2. Principal Place of Business

8390 NW 53 st.

3. Mailing Address

8390 NW 53 st.

Suite, Apt. #, etc.

Suite # 313

Suite, Apt. #, etc.

Suite # 313

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0276212

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

ALIBRANDI, ALBERTO
2922 SAN JOSE AVE
COOPER CITY FL 33026

Name

Alberto Alibrandi

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

8390 NW 53 st No. 313

City

Miami

FL

Zip Code

33166

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
STREET ADDRESS ALIBRANDI, ALBERTO
CITY-ST-ZIP 3573 S.W. 173RD TERR.
MIRAMAR FL 33026

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALIBRANDI, NICOLE
CITY-ST-ZIP 3573 S.W. 173RD TERR.
MIRAMAR FL 33026

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

TITLE ☐ Delete
NAME C
STREET ADDRESS CAMPBELL, LEONARDO
CITY-ST-ZIP 3573 S.W. 173RD TERR.
MIRAMAR FL 33026

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00
Date

305 599 2124
Daytime Phone #

CR2E034 (9/99)