FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91455 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S93395

1. Entity Name
TRIPS UNLIMITED TRAVEL, INC.

90127990

Principal Place of Business	Mailing Address
4125 N STATE ROAD 7 LAUDERDALE LAKES, FL 33319	7096 TAFT ST HOLLYWOOD, FL 33024

2. Principal Place of Business	3. Mailing Address
8651 NW 3RD ST	
Suite, Apt. #, etc. PEMBROKE PINES	Suite, Apt. #, etc.
City & State FLORIDA	City & State
Zip 33024 Country U.S.A	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0297970 — 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
CHUCK-SHING, YVONNE C. 7096 TAFT STREET HOLLYWOOD, FL 33024	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Yvonne C. Chuck Shing 04/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHUCK-SHING, YVONNE C.		NAME		
STREET ADDRESS	7096 TAFT ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LYE, LOLA Q		NAME		
STREET ADDRESS	7096 TAFT ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonne C. Chuck Shing 04/26/03 954 437 0379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #