

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0212994 AV

DOCUMENT # V19232

1. Entity Name
PRIME TRAVEL SERVICES, INC.

02-20-2002 90141 005 ***150.00

Principal Place of Business 999 PONCE DE LEON BLVD. SUITE #5 CORAL GABLES FL 33134 US	Mailing Address 999 PONCE DE LEON BLVD. SUITE #5 CORAL GABLES FL 33134 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0316540	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LODIN, SCOTT
 HUGHES, HUBBARD & REED
 801 BRICKELL AVENUE, SUITE 1100
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 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 _____ (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 NAME PD BOLIVAR, JOAQUIN	<input type="checkbox"/> Delete
STREET ADDRESS 999 PONCE DE LEON BLVD.	
CITY-ST-ZIP CORAL GABLES FL	
TITLE NAME STD BOLIVAR, ANNIE H.	<input type="checkbox"/> Delete
STREET ADDRESS 999 PONCE DE LEON BLVD.	
CITY-ST-ZIP CORAL GABLES FL	
TITLE NAME VP BOLIVAR, JOSE R	<input type="checkbox"/> Delete
STREET ADDRESS 999 PONCE DE LEON BLVD	
CITY-ST-ZIP CORAL GABLES FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jose R Bolivar SIGNATURE REVISOR: JOSE R BOLIVAR Date: 2-5-02 Daytime Phone #: (305) 441-0622

CR2E034 (9/01)