

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46871

1. Entity Name

CORAL BEACH TRAVEL & TOURS, INC.

Principal Place of Business

9600 WEST SAMPLE RD
STE 202
CORAL SPRINGS FL 33065
US

Mailing Address

9600 WEST SAMPLE RD
STE 202
CORAL SPRINGS FL 33065-4000
US

2. Principal Place of Business

9600 WEST SAMPLE RD

Suite, Apt. #, etc

SUITE 402

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD

3. Mailing Address

9600 WEST SAMPLE RD

Suite, Apt. #, etc

SUITE 402

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD

FILED

00 SEP 15 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0344016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A.
8000 PETERS ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. Add ☐ \$5.00 May Be
Added to Fees

With Check Payable

11. OFFICERS AND DIRECTORS

TITLE D
NAME QUILTER, CHRISTOPHER
STREET ADDRESS 9600 WEST SAMPAL ROAD #202
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6.2000

954-345-7504

67-21-2000 90059 034 15000

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*****401.000 *****401.000