

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56437

Entity Name
EASY TRAVEL INTERNATIONAL INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90065 026 ***150.00

Principal Place of Business 54078 E. MORENO WAY CORAL GABLES FL 33134	Mailing Address 54078 E. MORENO WAY CORAL GABLES FL 33134
---	---

1. Principal Place of Business 1701 Ponce de Leon Blvd. 3rd Floor Coral Gables, Fla. 33134 U.S.A.	3. Mailing Address Same Same Same Same
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0357065	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'LEARY, G. DAVID
~~54078 E. MORENO WAY
CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name: **G. David O'Leary, Esq.**
Street Address (P.O. Box Number is Not Acceptable): **3220 New 7th Avenue**
City: **Miami, Florida** Zip Code: **33127**

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: **G. David O'Leary, Esq.** DATE: **4/26/2000**

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

OFFICERS AND DIRECTORS		
11. NAME BURKE, ROBERT M III	<input type="checkbox"/> Delete	
STREET ADDRESS 54078 E. MORENO WAY CORAL GABLES FL 33134		
CITY-STATE-ZIP		
11. NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-STATE-ZIP		
11. NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-STATE-ZIP		
11. NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-STATE-ZIP		
11. NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-STATE-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
12. TITLE PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME Robert M. Burke, III		
STREET ADDRESS 1701 Ponce de Leon Blvd., 3rd Floor		
CITY-STATE-ZIP Coral Gables, Florida 33134		
12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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, as applicable, of this report, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **Robert M. Burke, III, Pres.** DATE: **4/26/2000** (25) 7741

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR