## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # **V61453** TRAVEL 'R' US, INC. 05-16-2001 90345 001 \*\*\*300.00 Principal Place of Business Mailing Address 19958 N.E. 5TH COURT 19958 N.E. 5TH COURT 72471 MIAMI FL 33179 MIAMI FL 33179 Principal Place of Business 3. Mailing Addres 2/05 3.3 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number & State 65-0511456 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENDEL, TED Street Address (P.O. Box Number is Not Acceptable) 19958 N.E. 5TH COURT MIAMI FL 33179 ~~ ^ 75 Cayne (se of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) red agent and litle if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ^ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change CR2E034 (10/00) Addition Delete TITLE 81 dans TITLE Hendel HENDEL, TED NAME NAME Biscagne Bly 19958 N.E. 5TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME \_ . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 proof 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 trasfee 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.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR