

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F79263

1. Entity Name

CAPITOL TRAVEL & TOURS INTERNATIONAL INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90287 046 ***150.00

0083460

Principal Place of Business Mailing Address
3099 W. 4TH AVE. 3099 W. 4TH AVE.
HIALEAH FL 33012 HIALEAH FL 33012

AVU4U255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2195710 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, BLANCA M.
1729 W 62ND ST
HIALEAH FL 33012

7. Name and Address of New Registered Agent
Name: Garcia, Blanca M.
Street Address (P.O. Box Number is Not Acceptable)
2030 S Ocean Drive
City: Hallandale FL Zip Code: 33099

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]* DATE: 03/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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, 2001/ 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

TITLE	PS	☐ Delete
NAME	GARCIA, BLANCA M	
STREET ADDRESS	2030 S OCEAN DRIVE	
CITY - ST - ZIP	HALLANDALE FL 33099	
TITLE	VP	☐ Delete
NAME	GONZALEZ, DANIA R	
STREET ADDRESS	14499 S.W. 48TH CT	
CITY - ST - ZIP	MIRAMAR FL 33027	
TITLE	T	☐ Delete
NAME	GONZALEZ, WILLIAM E	
STREET ADDRESS	14499 S.W. 48TH CT	
CITY - ST - ZIP	MIRAMAR FL 33027	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: *[Signature]* DATE: 03/30/01 (25) 884-5323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)