

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F87134

1. Entity Name

V.I.P. INTERNATIONAL TRAVEL, INC.

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

05-31-2000 90096 028 ***150.00

Principal Place of Business

170 S.W. 63 AVENUE
MAIMI FL 33144

Mailing Address

170 S.W. 63 AVENUE
MAIMI FL 33144-3114

2. Principal Place of Business

170 SW 63 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

SAME

4. FEI Number

59-2211056

Applied For

Not Applicable

Zip

Country

33144 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUIG, IRENE N
170 SW 63 AVE
MIAMI FL 33144

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

VICTOR PUIG

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME PUIG, IRENE
STREET ADDRESS 170 S.W. 63RD AVE.
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ Delete

NAME PUIG, VICTOR A.
STREET ADDRESS 170 S.W. 63RD AVE.
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete

NAME PENALVER, RAFAEL A.
STREET ADDRESS 1101 BRICKELL AVE #1700
CITY-ST-ZIP MIAMI FL

TITLE VM ☐ Delete

NAME FONKE, CAROLINA (MULKAY)
STREET ADDRESS 224 GRAYLYNA PLACE
CITY-ST-ZIP FAYETTEVILLE NC

TITLE D ☐ Delete

NAME FONKE, JEROME
STREET ADDRESS 224 GRAYLYNA PLACE
CITY-ST-ZIP FAYETTEVILLE NC

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP SAME

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)