2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # **P94000057701** ELIO'S TOUR & TRAVEL, INC. 03-02-2001 90101 029 ***150.00 Principal Place of Business Mailing Address 4732 W FLAGLER ST 4732 W FLAGLER ST MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0585246 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORNARIS, MANUEL J Street Address (P.O. Box Number is Not Acceptable) 2650 SW 104TH CT MIAMI FL 33165 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 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 FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition FORNARIS, VIRGINA NAME NAME 2650 SW 104 TH CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FORNARIS, MANUEL J NAME 2650 SW 104TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NUNEZ, DULCE NAME NAME 1001 SW 9 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33134** CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 all address, with all other like empowered.

VIRGINIA FORNARIS DP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED