

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010150 AF

**DOCUMENT # L00000014537**

**FILED**

1. Entity Name  
**AYP TRAVEL AGENCY L.L.C.**

**01 APR 27 PM 2: 54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
PH2 9350 S DIXIE HWY  
MIAMI FL 33156

Mailing Address  
PH2 9350 S DIXIE HWY  
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3440 Hollywood Blvd.**

3. Mailing Address  
**3440 HOLLYWOOD BLVD**

Suite, Apt. #, etc.  
**STE 360**

Suite, Apt. #, etc.  
**360**

City & State  
**Hollywood, FL**

City & State  
**HOLLYWOOD, FL**

4. FEI Number  
**65-1063096**

Applied For  
 Not Applicable

Zip  
**33021**

Country  
**U.S.A.**

Zip  
**33021**

Country  
**U.S.A.**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROTH, LEONARDO A ESQ  
C/O ROTH ROUSSO & BENJAMIN PA  
PH2 9350 S DIXIE HWY  
MIAMI FL 33156**

7. Name and Address of New Registered Agent  
Name  
**Leonardo A Roth**  
Street Address (P.O. Box Number is Not Acceptable)  
**3440 Hollywood Blvd.**  
**Suite 360**  
City  
**Hollywood** **FL** Zip Code  
**33004**

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 *Leonardo A Roth* **LEONARDO A. ROTH** **4-17-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VERGARA, HERNAN PH2 9350 S DIXIE HWY MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MGRM TONINI, DELIA PH2 9350 S DIXIE HWY MIAMI FL 33156</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VERGARA, PATRICIA PH2 9350 S DIXIE HWY MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VERGARA, HERNAN 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VERGARA, PATRICIA 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500004211645-4 -05/11/01--01071--023 *****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Hernan Vergara* **HERNAN VERGARA (MGRM)** **4-17-01** **(954)322-4280**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/1/00)