

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L0100000 3765**  
1. Entity Name  
**AMERINTER TRAVEL LLC**

**DO NOT WRITE IN THIS SPACE**

**968404**

2. Principal Place of Business: **2638 N ORANGE BLOSSOM TR**  
Mailing Address: \_\_\_\_\_  
Suite, Apt. #, etc.: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

City & State: **KISSIMMEE FL**  
Country: **USA**  
Zip: **34744**  
Country Code: **DSCEDLA**

4. FEEL Number: **59-3702347**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: **HERNANDEZ, RICARDO H**  
Street Address (P.O. Box Number is Not Acceptable): **1703 DESTINY BLVD #101**  
City: **KISSIMMEE** State: **FL** Zip Code: **34741**

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]*  
Signature of the President or other officer or director (Not the Registered Agent's signature required when existing) DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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	<b>P.D</b>	TITLE	
NAME	<b>HERNANDEZ RICARDO H</b>	NAME	
STREET ADDRESS	<b>1703 DESTINY BLVD #101</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-STATE-ZIP	
TITLE	<b>V.D</b>	TITLE	
NAME	<b>LONIGRO, MARIA B</b>	NAME	
STREET ADDRESS	<b>1703 DESTINY BLVD #101</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-STATE-ZIP	
TITLE	<b>D.</b>	TITLE	
NAME	<b>LONIGRO, GIOVANNA B. DE</b>	NAME	
STREET ADDRESS	<b>1703 DESTINY BLVD #101</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-STATE-ZIP	
TITLE	<b>D.</b>	TITLE	
NAME	<b>LONIGRO, RINA BORNED</b>	NAME	
STREET ADDRESS	<b>1703 DESTINY BLVD #101</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_

ORANGE 110307