

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT

L01000003765

DOCUMENT # L01000003765

1. Entity Name

Amerinter Travel LLC

FILED
03 NOV 20 PM 12:52
TALLAHASSEE STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2638 N. Orange Blossom
Suite, Apt. #, etc. Trail

3. Mailing Address

2638 N. Orange Blossom
Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3702347

Applied For

Not Applicable

Zip

34744

Country

Zip

34744

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Ricardo H. Hernandez**

Street Address (P.O. Box Number is Not Acceptable)

1703 Destiny Blvd. #101

City **Kissimmee**

FL

Zip Code

34741

DO NOT WRITE IN THIS SPACE

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

Ricardo Hernandez

Signature, typed or printed name of registered agent and fee if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE (PD) Ricardo H. Hernandez
NAME
STREET ADDRESS 1703 Destiny Blvd. #101
CITY-ST-ZIP Kissimmee, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (P) Maria B. Lonigro
NAME
STREET ADDRESS 1703 Destiny Blvd. #101
CITY-ST-ZIP Kissimmee, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (D) Giovanna Bornero de Lonigro
NAME
STREET ADDRESS 1703 B. Lonigro Blvd. #101
CITY-ST-ZIP Kissimmee, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (D) Rina B. Lonigro
NAME
STREET ADDRESS 1703 B. Lonigro Blvd. #101
CITY-ST-ZIP Kissimmee, FL 34741

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 2003

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:

Ricardo Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

USINESS PHONE #

CR2E083B (12/01)

FROM :

FAX NO. :

Nov. 18 2003 04:08PM P1

L01000003765


Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

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03 NOV 20 PM 12:52
TALLAHASSEE, FLORIDA
(2)

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 50.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **AMERINTER TRAVEL, LLC**

Thank you for your courtesy in this matter.


RICARDO E. HERNANDEZ
PRESIDENT

BK