

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 664280

1. Entity Name

IBEROJET TRAVEL, INC.

Principal Place of Business

7270 NW 12TH ST.
SUITE 210
MIAMI FL 33126
US

Mailing Address

~~7270 NW 12TH ST.
SUITE 210
MIAMI FL 33126
US~~

2. Principal Place of Business

3. Mailing Address

804 AVE. PONCE DE LEON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 303

City & State

City & State

SAN JUAN PR

Zip

Country

Zip

Country

00907

USA

4. FEI Number

59-1985722

Applied For

Not Applicable

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

HENRY RAATTAMA
1 SE 3RD ST
MIAMI FL 33131

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SUBIAS CANO, GABRIEL	
STREET ADDRESS	7270 NW 12 STREET 210	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARORELL, MARIA MAGDALEN	
STREET ADDRESS	7270 NW 12 STREET #210	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JUAN J. DE OLAVARRIETA	
STREET ADDRESS	7270 NW 12 STREET # 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOMEZ, JOSE ANTONIO	
STREET ADDRESS	7270 NW 12 STREET #210	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90039 015 ***150.00

527436



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)