

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000000582

1. Entity Name
VIAJO.COM, INCORPORATED

Principal Place of Business
4225 EXECUTIVE SQUARE, SUITE 325
LA JOLLA CA 92037

Mailing Address
4225 EXECUTIVE SQUARE, SUITE 325
LA JOLLA CA 92037

2. Principal Place of Business
45 ALHAMBRA PLAZA

3. Mailing Address
45 ALHAMBRA PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

4. FEI Number
33-0856581
Applied For
Not Applicable

Zip Country
33134

Zip Country
33134

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

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 _____ DATE **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT ESPINOZA OCTAVIO 45 ALHAMBRA PLAZA CORAL GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELGUERES GERARDO 45 ALHAMBRA PLAZA CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG MARCELO 45 ALHAMBRA PLAZA CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS DOUGLAS 45 ALHAMBRA PLAZA CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FISHER DAVID 45 ALHAMBRA PLAZA CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELGUERES ENRIQUE RJR. 45 ALHAMBRA PLAZA CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: OCTAVIO ESPINOZA CONT 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

KEN ORTON - CO-CHAIRMAN

**45 ALHAMBRA PLAZA
CORAL GABLES, FL 33134**

JERRY ROSENKRATZ - DIRECTOR

**45 ALHAMBRA PLAZA
CORAL GABLES, FL 33134**

CARLOS ROHM - DIRECTOR

**45 ALHAMBRA PLAZA
CORAL GABLES, FL 33134**

OCTAVIO LOPEZ - DIRECTOR

**45 ALHAMBRA PLAZA
CORAL GABLES, FL 33134**