## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 04, 2001 8:00 am Secretary of State **DOCUMENT # F38137** 1. Entity Name CARIBBEAN CARNIVAL TRAVEL, INC. 05-04-2001 90107 043 \*\*\*150.00 Mailing Address Principal Place of Business 4950 W. FLAGLER ST 4950 W. FLAGLER ST MIAMI FL 33134 MIAMI FL 33134 3. Mailing Address 2. Principal Place of Business \_\_Suite, Apt, #, etc.\_\_\_\_ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2110699 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAVARRETTE.HECTOR Street Address (P.O. Box Number is Not Acceptable) 4950 W. FLAGLER ST MIAMI FL 33174 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE NAVARRETE, HECTOR NAME NAME 10211 S.W. 7TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAM! FL CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE NAVARRETE, MIRTA NAME NAME STREET ADDRESS STREET ADDRESS 10211 S.W. 7TH TERR. CITY-ST-ZIP CITY-ST-ZIP Miami fl ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true 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.

APR 25 2001 HECTOR NAVARRETE 305 445 1999 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #