

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90068 032 ***150.00

0180425

DOCUMENT # F87134

1. Entity Name

V.I.P. INTERNATIONAL TRAVEL, INC.

Principal Place of Business

Mailing Address

**170 S.W. 63 AVENUE
 MAIMI FL 33144**

**170 S.W. 63 AVENUE
 MAIMI FL 33144**

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

SAME

City & State

City & State

SAME

SAME

Zip

Country

Zip

Country

SAME

USA

SAME

4. FEI Number **59-2211056**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUIG, IRENE N
 170 SW 63 AVE
 MIAMI FL 33144**

Name

STILL SAME

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 *STILL THE SAME* DATE _____

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	PD	<input type="checkbox"/> Delete
NAME	PUIG, IRENE	
STREET ADDRESS	170 S.W. 63RD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PUIG, VICTOR A.	
STREET ADDRESS	170 S.W. 63RD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PENALVER, RAFAEL A.	
STREET ADDRESS	1101 BRICKELL AVE #1700	
CITY-ST-ZIP	MIAMI FL	
TITLE	VM	<input type="checkbox"/> Delete
NAME	FONKE, CAROLINA (MULKAY)	
STREET ADDRESS	224 GRAYLYNA PLACE	
CITY-ST-ZIP	FAYETTEVILLE NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONKE, JEROME	
STREET ADDRESS	224 GRAYLYNA PLACE	
CITY-ST-ZIP	FAYETTEVILLE NC	
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
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
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]* **VICTOR PUIG** **4-8-01** **2652666**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)