## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # H51363** Feb 21, 2000 8:00 am **Secretary of State** GUARDIAN TRAVEL, INC. 02-21-2000 90041 039 \*\*\*150.00 Mailing Address Principal Place of Business 11222 QUAIL ROOST DRIVE 11222 QUAIL ROOST DRIVE MIAMI FL 33157-6543 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2519974 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOONAN, PAMELA Street Address (P.O. Box Number is Not Acceptable) 11222 QUAIL ROOST DRIVE **MIAMI FL 33157** Zip Code 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 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 12. 11. DY Addition Delete TITLE TITLE GUTIERREZ, MANOLA CASALE, MICHAEL NAME NAME 11232 QUAIL ROOST DRIVE 11222 QUAIL ROOST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami FL 33157 CITY-ST-ZIP **MIAMI FL 33157** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NOONAN, PAMELA NAME STREET ADDRESS STREET ADDRESS 11222 QUAIL ROOST DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL. ☐ Addition ☐ Change SD ☐ Delete TITLE TITLE NAME HEGGEN, ART NAME 11222 QUAIL ROOST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33157** ☐ Change Addition ☐ Delete TITLE TITLE NAME SAUNDERS, CYNTHIA NAME 11222 QUAIL ROOST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Delete Change TITLE TITLE 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 trustee impowered 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

11/10 305.233117