FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90115 035 ***150.00

DOCUMENT # H58717

1. Entity Name
TRAVALCO USA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12000 BISCAYNE BLVD	12000 BISCAYNE BLVD
Suite, Apt. #, etc. SUITE 600	Suite, Apt. #, etc. SUITE 600
City & State NORTH MIAMI, FL	City & State NORTH MIAMI, FL
Zip 33181 Country	Zip 33181 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2530471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name FLORIDA CORPORATE SERVICE

Street Address (P.O. Box Number is Not Acceptable)

798 BRICKELL PLAZA

City MIAMI **FL** Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	VAN BERKEL, MARIA C.
STREET ADDRESS	1585 BAY DR
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	DP
NAME	VAN BERKEL, ANTONIUS P
STREET ADDRESS	1975 KEYSTONE BLVD
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 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 #