

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J33464**

1. Entity Name

EUROPA EXPRESS TRAVEL INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8390 State Road 84 P.O.Box 291147

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, Fla.

City & State

DAVIE, Fla

Zip

33324

Country

Zip

33329

Country

4. FEI Number

52-1462304

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GAYO B. RAMON

Street Address (P.O. Box Number is Not Acceptable)  
210 Lakeview Dr. #205

City FT LAUDERDALE

FL

Zip Code 33326

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)

DATE

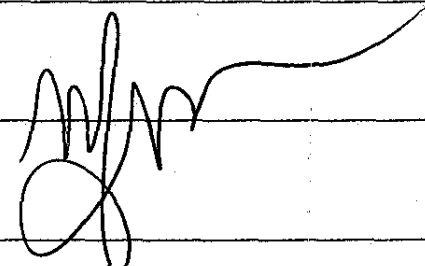
9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GAYO B RAMON 210 LAKEVIEW DR#205 FT. LAUDERDALE, Fla 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS AMEZQUITA VIRGINIA 210 LAKEVIEW DR#205 FT LAUDERDALE FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON GAYO  
PRESIDENT

2/1/02 (954) 475-2223  
Date Daytime Phone #

CR2E034B (12/01)