

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92211 049 ***158.75

DOCUMENT # K28497

1. Entity Name
GREAT ADVENTURE TRAVEL, INC.



Principal Place of Business
**C/O IVAN A GOMEZ, ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI FL 33131
US**

Mailing Address
**C/O IVAN A GOMEZ, ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI FL 33131
US**



2. Principal Place of Business
1450 Coral Way

Suite, Apt. #, etc.
Suite #11

City & State
Miami, Florida

Zip
33131

Country
U.S.A.

4. FEI Number
65-0061804

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BALLINA, JOHN
1431 SARRIA AVE
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name
LAG CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive

Suite # 507

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. By: **LAG CORPORATE SERVICES, INC.**

SIGNATURE *[Signature]* **Ivan A. Gomez, President** DATE **3/26/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
DPS

NAME
BALLINA, JOHN

STREET ADDRESS
1450 CORAL WAY #11

CITY-ST-ZIP
MIAMI FL

☐ Delete

TITLE
NAME

STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
John Ballina, President

4/29/03 **(305) 371-9213**

Date Daytime Phone #

CR2E034 (10/02)