

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90096 023 \*\*\*150.00

DOCUMENT # **K44831** ✓

1. Entity Name

**CARVEL TRAVEL, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8600 N.W. South River Dr**

3. Mailing Address

**8600 N.W. South River Drive**

Suite, Apt. #, etc.

**243**

Suite, Apt. #, etc.

**243**

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**65-0086700**

Applied For

Not Applicable

Zip

**33166**

Country

Zip

**33166**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

**Carlos Velez**

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

**10825 SW 112 Aven Apt 6106**

City

**Miami**

FL

Zip Code

**33176**

**DO NOT WRITE  
IN THIS SPACE**

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

**Carlos Velez P.**

**4/18/02**

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. ☐

**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  
CARLOS Velez  
10825 SW 112 Aven Apt 6106  
Miami FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

**Carlos Velez P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02 305 884245**

Date

Daytime Phone #

CR2E034B (12/01)