

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K63033**

1. Entity Name

SITS SOUTHERN INTERNATIONAL TRAVEL SERVICES, INC

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90171 034 ***150.00

0045864 AV

Principal Place of Business

2200 SW 16TH ST., SUITE 210
MIAMI FL 33145
US

Mailing Address

2200 SW 16TH ST., SUITE 210
MIAMI FL 33145
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0097944**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAMBRANO, NAPOLEON
2200 SW 16TH ST., #210
MIAMI FL 33145

Name

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

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
ZAMBRANO, NAPOLEON
1700 SW 67 AVE
MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Handwritten Signature **NAPOLEON ZAMBRANO** Aug 5th 2002 (305) 8541448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



BEST TRAVEL & TOURS

2200 SW 16th Street • Suite 210
Miami Florida 33145

Attachment
676690
#K6303

August 5th, 2002

~~Florida Department of State~~
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern

We are kindly asking you to waive the late fee for the Uniform Business Report for the year 2002, because this is the first notice that we received this year. We did not received the prior notice, and we cannot afford to pay \$550.00. We are including the check for \$150.00 as stated in the instructions.

We will be more carefull in the future to file on time, even if we do not receive any notice at all. Please help us in this matter, and we thank you in advance for your time.

Cordially,

Napoleon Zambrano
President
SITS-Southern International Travel Services, Inc