

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90159 003 ****50.00

DOCUMENT # L00000004737

1. Entity Name

SERVICIO DE ATENCION AL VIAJERO (SAV) LLC

Principal Place of Business

ONE BISCAYNE TOWER, SUITE 3400
 2 SOUTH BISCAYNE BOULEVARD
 MIAMI FL 33131

Mailing Address

ONE BISCAYNE TOWER, SUITE 3400
 2 SOUTH BISCAYNE BOULEVARD
 MIAMI FL 33131

2. Principal Place of Business

1680 MICHIGAN AVENUE

3. Mailing Address

1680 MICHIGAN AVENUE

Suite, Apt. #, etc.

801

Suite, Apt. #, etc.

801

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139 -

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-1038904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, SUITE 3400
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **TRAVELA .COM, INC.**
 STREET ADDRESS **2 S. BISCAYNE BLVD., STE 3400**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)