

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**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-1038904**

Applied For
 Not Applicable

Zip Country
33139 - USA

Zip Country
33139 - USA

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	<input type="checkbox"/> Delete
NAME	TRAVELYA .COM, INC.	
STREET ADDRESS	2 S. BISCAYNE BLVD., STE 3400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)