

2001 UNIFORM BUSINESS REPORT (UBR)

0010150 AF

DOCUMENT # L00000014537

1. Entity Name

AYP TRAVEL AGENCY L.L.C.

FILED

01 APR 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PH2 9350 S DIXIE HWY
MIAMI FL 33156

Mailing Address

PH2 9350 S DIXIE HWY
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3440 Hollywood Blvd.

3. Mailing Address

3440 Hollywood Blvd.

Suite, Apt. #, etc.

Ste 360

Suite, Apt. #, etc.

360

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

U.S.A.

Zip

33021

Country

U.S.A.

4. FEI Number

65-1063096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ
C/O ROTH ROUSSO & BENJAMIN PA
PH2 9350 S DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Leonardo A Roth

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

3440 Hollywood Blvd.

Suite 360

City

Hollywood

FL

Zip Code

33021

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERGARA, HERNAN PH2 9350 S DIXIE HWY MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TONINI, DELIA PH2 9350 S DIXIE HWY MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERGARA, PATRICIA PH2 9350 S DIXIE HWY MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERGARA, HERNAN 3440 Hollywood Blvd, Suite 360 Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERGARA, PATRICIA 3440 Hollywood Blvd, Suite 360 Hollywood, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004211645-4 -05/11/01--01071--023 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

HERNAN VERGARA (MGRM) 4-17-01 (954)322-4280

CR2E083 (11/00)