

**2002 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90735 002 ****50.00

DOCUMENT # L 000000 14537

1. Entity Name

AyP Travel Agency LLC

DO NOT WRITE IN THIS SPACE

80061796

2. Principal Place of Business

17050 N. Bay Rd.

3. Mailing Address

17050 N. Bay Rd.

Suite, Apt. #, etc.

#303

Suite/Apt. #, etc.

#303

DO NOT WRITE IN THIS SPACE

City & State

Sunny Isles - FL.

City & State

Sunny Isles - FL

4. FEI Number

65-1063096

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Norman Vergara

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

17050 N. Bay Rd.

City

Sunny Isles

FL

Zip Code

33160

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.

3-26-02

DATE

FEE IS \$30.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Vergara Norman
17050 N. Bay Rd.
Sunny Isles - FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Vergara Patricia
17050 N. Bay Rd.
Sunny Isles - FL 33160

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

3-26-02

Date

305-947-4423

Daytime Phone #

CR2E083B (12/01)