PPF 30 02 12:54p

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Jun 04, 2002 8:00 am
Secretary of State
06-04-2002 90201 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003765

1. Entity Name

AMERINTER TRAVEL LLC

DO NOT WRITE IN THIS SPACE

968404

2. Principal Place of Business

2638 N ORANGE BLOSSOM TR

Suite, Apt. #, etc.

City & State: KISSIMEE FL

Zip: 34744 Country: USA OSCEOLA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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4. FEI Number: 59-3702947 Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HERNANDEZ, RICARDO H

Street Address (P.O. Box Number is Not Acceptable): 1703 DESTINY BLVD #101

City: KISSIMMEE FL Zip Code: 34741

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: X Ricardo H

Signature of one person named if 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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P.D
NAME	HERNANDEZ, RICARDO H
STREET ADDRESS	1703 DESTINY BLVD #101
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	V.D.
NAME	LONIGRO, MARIA B
STREET ADDRESS	1703 DESTINY BLVD #101
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	D.
NAME	LONIGRO, GIOVANNA B. DE
STREET ADDRESS	1703 DESTINY BLVD #101
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	D.
NAME	LONIGRO, RINA BORNEO
STREET ADDRESS	1703 DESTINY BLVD #101
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	
NAME	
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CR2E036 (12/97)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Ricardo H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #