2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State
08-28-2002 90035 013 ****50.00

DOCUMENT # L01000018223

1. Entity Name
TRAVEL LATIN AMERICA, LLC

Principal Place of Business	Mailing Address
7700 SOUTHWEST 138 TERRACE MIAMI FL 33158	P.O. BOX 546261 MIAMI FL 33154

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO BOX 2142
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI, FL
Zip / Country	Zip: 33256-2142 / Country

4. FEI Number: 65-1148267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: LOUIS V. DUNOYER DE SEGONZAC 8/25/02
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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LOUIS VINCENT DUNOYER DE SEGONZAC	
STREET ADDRESS	P.O. BOX 546261	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	MGR	☐ Delete
NAME	BAMRUD, JOACHIM	
STREET ADDRESS	P.O. BOX 546261	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	PO BOX 2142	
CITY-ST-ZIP	MIAMI FL 33256-2142	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	PO BOX 2142	
CITY-ST-ZIP	MIAMI FL 33256-2142	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/02)

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 LOUIS V. DUNOYER DE SEGONZAC 8/25/02 305 233 5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

9/28/2002