

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L22309

1. Entity Name
SAECA TRAVEL, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90131 034 ***158.75

0003211E



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**550 BILTMORE WAY
9TH FLOOR
CORAL GABLES FL 33134
US**

Mailing Address
**550 BILTMORE WAY
9TH FLOOR
CORAL GABLES FL 33134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0148732** Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
NAME **MISRAHI, JOSE**
STREET ADDRESS **550 BILTMORE WAY, 9TH FLOOR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **Misrahi, Jose**
STREET ADDRESS **550 Biltmore Way, Suite 900**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **DT** ☐ Delete
NAME **GARMENDIA, GENARO J.**
STREET ADDRESS **550 BILTMORE WAY, 9TH FLOOR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DIEZ-ARGUELLES, JULIO**
STREET ADDRESS **550 BILTMORE WAY, 9TH FLOOR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **PEREIRA, MANUEL**
STREET ADDRESS **550 BILTMORE WAY 9TH FLOOR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V** ☒ Change ☐ Addition
NAME **Bandel, Steven I.**
STREET ADDRESS **550 Biltmore Way, Suite 900**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **S** ☐ Delete
NAME **HERNANDEZ, EDUARDO L.**
STREET ADDRESS **550 BILTMORE WAY, 9TH FLOOR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KEON, WILLIAMS T III**
STREET ADDRESS **550 BILTMORE WAY STE 900**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD** ☒ Change ☐ Addition
NAME **Keon, William T. III**
STREET ADDRESS **550 Biltmore Way, Suite 900**
CITY-ST-ZIP **Coral Gables, FL 33134**

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eduardo L. Hernandez 3/5/01 305-442-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #