

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # L22309
1. Entity Name
 SAECA TRAVEL, INC.

FILED
 01 APR 10 PM 12:19
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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
 550 Biltmore Way
 Suite, Apt. #, etc.
 Suite 900

3. Mailing Address
 550 Biltmore Way
 Suite, Apt. #, etc.
 Suite 900

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

Zip
 33134

Country
 USA

Zip
 33134

Country
 USA

4. FEI Number
 65-0148732

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 South Pine Island Road
 Plantation, FL 33324

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.

SIGNATURE _____ (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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Misrahi, Jose 550 Biltmore Way, 9th Floor Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Garmendia, Genaro J. 550 Biltmore Way, 9th Floor Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diez-Arguelles, Julio 550 Biltmore Way, 9th Floor Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pereira, Manuel 550 Biltmore Way, 9th Floor Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Keon, William T. III 550 Biltmore Way, 9th Floor Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hernandez, Eduardo L. 550 Biltmore Way, 9th Floor Coral Gables, FL 33134	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Misrahi, Jose 550 Biltmore Way, Suite 900 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Garmendia, Genaro J. 550 Biltmore Way, Suite 900 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bandel, Steven I. 550 Biltmore Way, Suite 900 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Keon, William T. III 550 Biltmore Way, Suite 900 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hernandez, Eduardo L. 550 Biltmore Way, Suite 900 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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** **3/22/01** **3305-442-3405**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)