

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94444

1. Entity Name

AMERICA'S BEST TRAVEL AGENCY, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90146 042 ***150.00

Principal Place of Business

8445 CORAL WAY
MIAMI FL 33155

Mailing Address

8445 CORAL WAY
MIAMI FL 33155

2. Principal Place of Business

9445 SW 40st

Suite, Apt. #, etc.

102

3. Mailing Address

9445 SW 40st

Suite, Apt. #, etc.

102

City & State

miami FL

City & State

miami FL

Zip

33165

Country

Dade

Zip

33165

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0213134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIETO, ODALYS
7425 SW 39 STR
MIAMI FL 33155

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Odalis Prieto

4/18/01

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PRIETO, ODALYS
CITY-ST-ZIP 7425 SW 39TH ST
MIAMI FL

TITLE ☐ Delete
NAME D
STREET ADDRESS PRIETO, LILIA E.
CITY-ST-ZIP 601 N.W. 45TH AVE.
MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS PRIETO, LILIA E.
CITY-ST-ZIP 4375 SW 83 AVE MIA, FL 33155

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ODALYS PRIETO

Date

4/18/01

Daytime Phone #

(305) 201-8500

CR2E034 (10/00)