

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001233

1. Entity Name

TRAVELONE INTERNATIONAL NETWORK, L.C.

FILED

01 JAN 22 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7950 N.W. 53RD STREET, SUITE #105
MIAMI FL 33166

Mailing Address

7950 N.W. 53RD STREET, SUITE #105
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0793036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, RAFAEL

7950 N.W. 53RD STREET, SUITE #105

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Alejandro Cortes

Street Address (P.O. Box Number is Not Acceptable)

7950 NW 53ST. #105

City Miami

FL

Zip Code

33166

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

Alejandro Cortes

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

(NOTE: Registered Agent signature required when reinstating)

1/18/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR VALDES, HECTOR ☐ Delete
STREET ADDRESS 5001 COLLINS AVE, #16-E
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE NAME MGR CORTES, ALEJANDRO ☐ Delete
STREET ADDRESS 8661 N.W. 4TH TERRACE, #3
CITY-ST-ZIP MIAMI FL 33126

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003576104--4
CITY-ST-ZIP -01/26/01--01036--014
*****50.00 ☐ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/18/01

Daytime Phone #

305-463-8800

CR2E083 (11/00)