

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90053 030 ****50.00

0011070

DOCUMENT # L97000001233

1. Entity Name
TRAVELONE INTERNATIONAL NETWORK, L.C.

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

B0102671



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7950 N.W. 53RD STREET,

Suite, Apt. #, etc.
SUITE #105

City & State
MIAMI FLORIDA

Zip
33166

Country
USA

3. Mailing Address
7950 N.W. 53RD STREET

Suite, Apt. #, etc.
SUITE #105

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

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

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

7. Name and Address of New Registered Agent

Name **CORTES, ALEJANDRO**
 Street Address (P.O. Box Number is Not Acceptable)
7950 N.W. 53RD STREET
SUITE #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)

4-30-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

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

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

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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]

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

4-30-02

Date

305-463-8800

Daytime Phone #

CR2E083 (9/01)