2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001817

1. Entity Name

RUMBOS TOUR SERVICES, L.L.C.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD., SUITE #603 MIAMI FL 33156	9200 S. DADELAND BLVD., SUITE #603 MIAMI FL 33156-2714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10031 Pines Blvd	10031 Pines Blvd
Suite, Apt. #, etc.: 210	Suite, Apt. #, etc.: 210
City & State: Pembroke Pines. Fl.	City & State: Pembroke Pines. Fl.
Zip: 33024 Country: Browward.	Zip: 33024 Country:

4. FEI Number: 65-0908013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ
CUEVAS & RUBIN, P.A.
9200 S DADELAND BLVD., SUITE 603
MIAMI FL 33156

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

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROMERO, DANILO 9200 S. DADELAND BLVD.,SUITE E603 MIAMI FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10031 Pines Blvd #210 Pembroke Pines Fl 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RUMBOS, LTDA. 9200 S. DADELAND BLVD.,SUITE E603 MIAMI FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10031 Pines Blvd #210 Pembroke Pines Fl. 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800032191348--0 -04/21/00--01115--020 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: [illegible] FIGUERED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #