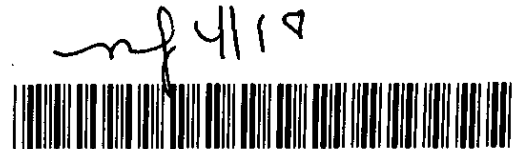


2000 UNIFORM BUSINESS REPORT (UBR)

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
9200 S. DADELAND BLVD., SUITE #603
MIAMI FL 33156

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

2. Principal Place of Business
10031 Pines Blvd
Suite, Apt. #, etc.
210

3. Mailing Address
10031 Pines Blvd
Suite, Apt. #, etc.
210

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip
33024

Country
Broward

Zip
33024

Country

4. FEI Number
65-0908013

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESO
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 _____ (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

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	MGRM RUMBOS, LTDA. 9200 S. DADELAND BLVD., SUITE E603 MIAMI FL 33156	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10031 Pines Blvd #210 Pembroke Pines FL 33024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10031 Pines Blvd #210 Pembroke Pines FL 33024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003219148--0 -04/21/00--01115--020 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Mano Mano F. BUREAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)