

2000 UNIFORM BUSINESS REPORT (UBR)

0008647 AF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE

00 FEB 22 PM 12:10

DOCUMENT # L99000004379

1. Entity Name
SURFTRAVEL, LLC

Principal Place of Business
205 COLLINS AVENUE
SUITE 102
MIAMI BEACH FL 33139

Mailing Address
205 COLLINS AVENUE
SUITE 102
MIAMI BEACH FL 33139-7122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1613 Alton Rd

Suite, Apt. #, etc.

Suite 3

City & State

Mia Bch, FL

Zip

33139

Country

USA

3. Mailing Address

1613 Alton Rd

Suite, Apt. #, etc.

Suite 3

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. FEI Number

650934799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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

TITLE MGR
NAME FISCHER, MICHELLE
STREET ADDRESS 205 COLLINS AVENUE SUITE 102
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE MGR
NAME MARDENI, LEONARDO BACHIR
STREET ADDRESS 205 COLLINS AVENUE SUITE 102
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ 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 ☐ Change ☐ Addition
My 2/29/00

TITLE MGR
NAME Christian Tupper
STREET ADDRESS 205 collins Av #102
CITY-ST-ZIP Mia Bch, FL 33139 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000003155950--3
-03/03/00--01017--026
*****50.00 *****50.00

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:

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

02/11/00

Date

305-674-3555

Daytime Phone #

CR2E083 (9/99)