

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State
 06-04-2001 90019 039 ***150.00

DOCUMENT # M20260
1. Entity Name Ednay Agencies Inc
 DBA/ BON AIR TRAVEL

Principal Place of Business 1160 West 29 Street
 Hialeah Florida 33012
Mailing Address

2. Principal Place of Business Travel Agency
3. Mailing Address 1160 West 29 St
 Suite, Apt. #, etc.

City & State Hialeah Florida
City & State Hialeah Florida
Zip 33012 **Country** USA **Zip** 33012 **Country** USA

4. FEI Number 59-2584952
Applied For ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Aguayo, Nayda
 1160 West 29 Street
 Hialeah Florida 33012

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** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!! After MAY 1, 2001 Fee will be \$550.00 to Department of State**
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PTD	<input type="checkbox"/> Delete
NAME Aguayo Nayda	
STREET ADDRESS 1160 West 29 St	
CITY-ST-ZIP Hialeah Florida 33012	
TITLE SYD	<input type="checkbox"/> Delete
NAME Aguayo Eddy	
STREET ADDRESS 1160 West 29 St	
CITY-ST-ZIP Hialeah, Florida 33012	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nayda Aguayo Nayda Aguayo **DATE** May 24/01 **Daytime Phone #** 305-8856622

CR2E034 (11/00)