

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90032 025 ***150.00

DOCUMENT # M33518

1. Entity Name

LE JEUNE RD. TRAVEL SERVICE INC.

Principal Place of Business

Mailing Address

16560 NE 6 AVE
 MIAMI FL 33162
 US

16560 NE 6 AVE
 MIAMI FL 33162-3646
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2682972**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGENAY, CARL A
 9130 SUNSET DR
 MIAMI FL 33173

Name

Felix Cruz

Street Address (P.O. Box Number is Not Acceptable)

782 NW LeJeune Rd. Suite #1

City

MIAMI

FL

Zip Code **33126**

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

N/A

Signature, typed or printed name of registered agent and title if applicable

(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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	MARTINEZS, MANUEL	93 SOUTH ROYAL POINCIANA BLVD.	MIAMI SPRINGS FL	<input checked="" type="checkbox"/>
P	JARAMILLO, WILLIAM	3900 SW 33 ST	HOLLYWOOD FL 33023	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP President	CANADAS, MARIO	20711 SW 116 PLACE	MIAMI FLORIDA 33189	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	KNOWLES, LIVINGSTONE	8925 NE 9 CT	MIAMI, FL 33138	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	JARAMILLO, NANCY	3900 SW 33 ST	Hollywood, FL 33023	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM E. JARAMILLO **01-11-00** **945-0801**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #