


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-25-2003 90231 042 ***150.00

DOCUMENT # M33518
1. Entity Name
LE JEUNE ROAD TRAVEL SERVICE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16000 NW 7 AVE
Suite, Apt. #, etc.

3. Mailing Address
16000 NW 7 AVE
Suite, Apt. #, etc.



55039564

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33169 Country
USA

Zip
33169 Country
USA

4. FEI Number
59-2682972 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
FELIX CRUZ

Street Address (P.O. Box Number is Not Acceptable)
782 NW LE JEUNE RD. STE 439

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT LIVINGSTONE KNOWLES 8925 NE 9 CT MIAMI FL 33138</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT MARIO CANADAS 20711 SW 116 PLACE MIAMI FL 33189</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY NANCY JARAMILLO 2210 NW 72 TERR PEMBROKE PINES, FL 33024</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Jaramillo 4/22/03 305-688-8645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)