

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M35219

1. Entity Name

A & A TRAVEL, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90077 028 ***150.00

Principal Place of Business

3680 NW FLAGLER TERRACE
MIAMI FL 33125
US

Mailing Address

3680 NW FLAGLER TERR
MIAMI FL 33125-3916
US

2. Principal Place of Business

716 NW 33 AVE

3. Mailing Address

716 NW 33 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State
MIAMI FLA

4. FEI Number 59-2692407

Applied For
Not Applicable

Zip
33125

Country
U.S.

Zip

Country
U.S.

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

TEIXIDOR, ALFREDO M.
2635 SW 133 AVE.
MIAMI FL 33175

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

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
DPST
TEIXIDOR, ALFREDO M.
2635 SW 133RD AVE
MIAMI FL 33175 ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

305-544-7102

Daytime Phone #

CR2E034 (9/99)