2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # M41180** 1. Entity Name IMPERIAL TRAVEL, INC. 04-25-2001 90082 013 ***150.00 Mailing Address Principal Place of Business 5847 W FLAGLER STREET 5847 W FLAGLER STREET MIAMI FL 33144-0316 MIAMI FL 33144-0316 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2737371 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, REYNALDO Street Address (P.O. Box Number is Not Acceptable) 5501 NW 7TH ST #E-315 MIAMI FL 33126 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DPS ☐ Delete TITLE TITLE NAME HERNANDEZ, REYNALDO NAME STREET ADDRESS 5501 NW 7TH ST #E-315 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM) FL Addition Change D۷ ☐ Delete TITLE TITLE RAMIREZ-SEIJAS, FELIX NAME NAME STREET ADDRESS STREET ADDRESS 1300 S. GREENWAY DR. CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** T Change ☐ Addition[¬] ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information Supplied with this filling 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 eport 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 receive or true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if