

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20451

1. Entity Name

S.A.T.A. - SOUTH & CENTRAL AMERICAN TRAVEL ASSOC

Principal Place of Business

13171 SW 20TH STREET
MIAMI FL 33175

Mailing Address

13171 SW 20TH STREET
MIAMI FL 33175-1313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0016302

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z ESQ
7270 NW 12TH STREET, PH-1
MIAMI FL 33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TARAMONA, HERMINE 13171 SW 20TH STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERK, ANNIE 13171 SW 20TH STREET MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OBRADOVICH, JORGE 13171 SW 20TH STREET MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORREA, CIRO 13171 SW 20TH STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OBREGOSO, MONICA 13171 SW 20TH STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAMARGO, FLOR 13171 SW 20TH ST MIAMI FL 33175	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ciro Correa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13171 S.W. 20th St. Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dino Torres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13171 S.W. 20 Street Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marcelino Delgado <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13171 S.W. 20 St. Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #