

# 2001 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

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

65-0016302

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TARAMONA, HERMINE<br>13171 SW 20TH STREET<br>MIAMI FL         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BERK, ANNIE<br>13171 SW 20TH STREET<br>MIAMI FL 33175        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>CORREA, CIRO<br>13171 SW 20TH STREET<br>MIAMI FL 33175        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>TORRES, DINO<br>13171 SW 20TH STREET<br>MIAMI FL 33175       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DELGADO, MARCELINO<br>13171 SW 20TH STREET<br>MIAMI FL 33175 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>TAMARGO, FLOR<br>13171 SW 20TH ST<br>MIAMI FL 33175          | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Berk, Annie<br>13171 SW 20 STREET<br>Miami, FL 33175          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SR VP<br>Torres, Dino<br>13171 S.W. 20th Street<br>Miami, FL 33175 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>Taramona, Hermine<br>13171 S.W. 20 Street<br>Miami, FL 33175  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>Adrian, Miguel<br>13171 S.W. 20 Street<br>Miami, FL 33175    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Mejia, Lourdes<br>13171 S.W. 20 Street<br>Miami, FL 33175    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Tamargo, Flor<br>13171 S.W. 20 Street<br>Miami, FL 33175     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 *Flor Tamargo* SIGNATURE REQUIRED Tamargo, Office Manager January 9, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (305) 670-6111 Page #

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90044 035 \*\*\*\*61.25

102010



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)