

DOCUMENT # N20451

Entity Name

S.A.T.A. - SOUTH & CENTRAL AMERICAN TRAVEL ASSOCIATION, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-14-2002 90038 049 ****61.25

Principal Place of Business

Mailing Address

13171 SW 20TH STREET
MIAMI FL 3317513171 SW 20TH STREET
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0016302

Applied For

Not Applicable

Zip

Country

Zip

Country

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BERK, ANNIE	
STREET ADDRESS	13171 SW 20 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	TORES, DINO	
STREET ADDRESS	13171 SW 20TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	C	<input type="checkbox"/> Delete
NAME	TARAMONA, HERMINE	
STREET ADDRESS	13171 SW-20TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ADRIAN, MIGUEL	
STREET ADDRESS	13171 SW 20TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEJIA, LOURDES	
STREET ADDRESS	13171 SW 20TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAMARGO, FLOR	
STREET ADDRESS	13171 SW 20TH ST	
CITY-ST-ZIP	MIAMI FL 33175	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berk, Annie	
STREET ADDRESS	13171 SW 20 STREET	
CITY-ST-ZIP	Miami, Fl 33175	
TITLE	SR VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Torres, Dino	
STREET ADDRESS	13171 SW 20 Street	
CITY-ST-ZIP	Miami, Fl 33175	
TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taramona, Hermine	
STREET ADDRESS	13171 SW 20 Street	
CITY-ST-ZIP	Miami, Fl 33175	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Reynolds	
STREET ADDRESS	13171 S.W. 20 St.	
CITY-ST-ZIP	Miami, Fl 33175	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Florian Martinez	
STREET ADDRESS	13171 S.W. 20 St.	
CITY-ST-ZIP	Miami, Fl 33175	
TITLE	SD Tamargo, Flor	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD Tamargo, Flor	
STREET ADDRESS	13171 SW 20 Street	
CITY-ST-ZIP	Miami, Fl 33175	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JANUARY 30, 2002

(786) 265-6382