

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006765

1. Entity Name

FLORIDA ASSOCIATION OF TRAVEL AGENTS, INC.

FILED

Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90134 038 \*\*\*\*61.25

Principal Place of Business

25 S.E. SECOND AVENUE  
SUITE 1235  
MIAMI FL 33131

Mailing Address

25 S.E. SECOND AVENUE  
SUITE 1235  
MIAMI FL 33131

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

65-0828582

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

SANTOS, MAURO C  
25 S.E. SECOND AVENUE  
SUITE 1235  
MIAMI FL 33131

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GALDI, ROSALIA  
TRANSMARES TRAVEL 200 S.E. 1ST ST. #506  
MIAMI FL 33131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HALAS, GYORY  
NEW PORT TOURS, INC. 150 S.W. 2ND ST #1108  
MIAMI FL 33131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAGALHAES, CARLA  
NEW PORT TOURS 115 S.W. 2ND ST.  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAGALHAES, CARLA  
MARIANA TOURS  
115 S.E. SECOND STREET  
MIAMI FL 33131 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NUNES, ANDRE  
DUMONDE TRAVEL 168 S.E. 1ST ST. #1103  
MIAMI FL 33131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RODRIGUES, TONY  
BRAZILIAN WAVE TOURS 1881 N.W. 26TH ST 70A  
FT. LAUDERDALE FL 33305 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GENY ZVEITER  
MC MAGIC CHARTAIR  
150 S.E. SECOND AVE #411  
MIAMI FL 33131 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SANTOS, FRED  
FREDSON TRAVEL 100 N. BISCAYNE BLVD. #701  
MIAMI FL 33132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SANTOS, FRED  
FREDSON TRAVEL 100 N. BISCAYNE BLVD  
MIAMI FL 33132 #2302 ☒ Change ☐ Addition

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 #

CR2E037 (10/00)