

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90147 011 ***150.00

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1. Entity Name
TRAVELONE SERVICES & TOURS, INC.



Principal Place of Business
8339 NW 12TH STREET
MIAMI FL 33126

Mailing Address
8339 NW 12TH STREET
MIAMI FL 33126

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 59-3648333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTES, ALEJANDRO
4000 W ISLAND BLVD
APT 1103
AVENTURA FL 33160

Name Valdes, Hector
Street Address (P.O. Box Number is Not Acceptable) 5001 Collins Ave Apt 16 E
City Miami Beach **FL** **Zip Code** 33140

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CORTES, ALEJANDRO	
STREET ADDRESS	4000 W ISLAND BLVD, APT 1103	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VALDES, HECTOR	
STREET ADDRESS	5001 COLLINS AVENUE APT 16E	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Del Rio, Walter	
STREET ADDRESS	Calle 113 BU-6	
CITY-ST-ZIP	Carolina, PR 00983	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Abiezer	
STREET ADDRESS	PO Box 1290	
CITY-ST-ZIP	Moca, PR 00676	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garcia Napoles, Francisco	
STREET ADDRESS	PO Box 848	
CITY-ST-ZIP	Quebradillas, PR 00678	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rivera, Alberto	
STREET ADDRESS	PO Box 431	
CITY-ST-ZIP	Quebradillas, PR 00678	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santiago, Lizzie	
STREET ADDRESS	Calle DF-23 Torremolinos	
CITY-ST-ZIP	Guaynabo PR 00969	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sterling, Eric	
STREET ADDRESS	228 Kirby ST	
CITY-ST-ZIP	Bronx, NY 10464	

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 (305) 717-3520

Date

Daytime Phone #

CR2E034 (10/02)