

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90033 049 \*\*\*150.00

**DOCUMENT # P00000036594**

**1. Entity Name**  
**BABY ENVIOS TRAVEL, INC.**

**Principal Place of Business**

**3509 SW 87TH PLACE**  
**MIAMI FL 33165**

**Mailing Address**

**3509 SW 87TH PLACE**  
**MIAMI FL 33165**

**2. Principal Place of Business**

**5755 W. Flagler St.**  
 Suite, Apt. #, etc.  
**# 201**

**MIAMI, FL**

**33144 USA**

**3. Mailing Address**

**5755 W. Flagler St.**  
 Suite, Apt. #, etc.  
**# 201**

**MIAMI, FL**

**33144 USA**

**4. FEI Number**

**65-1005942**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**76489**



**6. Name and Address of Current Registered Agent**

**PALACIOS, CARLOS M**  
**3509 SW 87TH PLACE**  
**MIAMI FL 33165**

**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**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ Delete  
**NAME** **GONZALEZ, MARITZA**  
**STREET ADDRESS** **3509 SW 87TH PLACE**  
**CITY-ST-ZIP** **MIAMI FL 33165**

**TITLE** **VD** ☒ Delete  
**NAME** **MARTINEZ, MAYDA**  
**STREET ADDRESS** **5960 NW 3RD ST.**  
**CITY-ST-ZIP** **MIAMI FL 33126**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** **VD** ☒ Change ☐ Addition  
**NAME** **Josue M. Gonzalez**  
**STREET ADDRESS** **11273 S.W. 33rd Street**  
**CITY-ST-ZIP** **Miami FL 33165**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Carlos M. Gonzalez**  
**STREET ADDRESS** **3509 SW 87th Place**  
**CITY-ST-ZIP** **MIAMI, FL 33165**

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

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

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

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/10/01**

Date

**(305) 265-0408**

Daytime Phone #

CR2E034 (5/01)

Attachment  
Doc# 00000030594  
76489

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT.# 1009068796

APR 16 2001

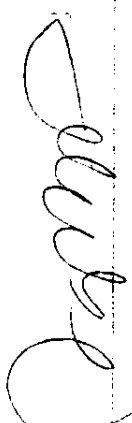
0660000109  
040262925  
040262925 04-18-01

04/13/2001 03-011-0200 P00

BANK OF AMERICA, N.A.  
000000074 02704 50 P27  
04/17/01

0740030242

Attachment Doc# P00000036594  
576489

<b>BABY ENVIOS TRAVEL, INC.</b> 11273 S.W. 33RD ST. MIAMI, FL 33165		<b>00036652</b>	<b>1147</b>
DATE <u>04/10/01</u>		63-8776/2670	
PAY TO THE ORDER OF <u>Florida Department of State</u>		\$ <u>150.00</u>	
<u>Hundred and fifty and 00/100</u>		DOLLARS <input checked="" type="checkbox"/> Federal Reserve Note	
Inter-American Bank, Inc. 950 Coral Way Miami, Florida 33165			
FOR DEPOSIT ONLY Report 65-1005942		1100114711 126708776911 001141482411 000000150001	