

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2001 90033 049 ***150.00

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 AV

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		3. Mailing Address 5755 W. Flagler St.	
Suite, Apt. #, etc. # 201		Suite, Apt. #, etc. # 201	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33144	Country USA	Zip 33144	Country USA

- 76489



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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	
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, MARITZA 3509 SW 87TH PLACE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ MAYDA 5960 NW 3RD ST. MIAMI FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jasus M Gonzalez 112-13 S.W 33 Street MIAMI FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carlos M. Gonzalez 3509 SW 87 PLACE MIAMI, FL 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **07/10/01** **(305) 265-0408**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment
Doc# 200000030594
76489

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

APR 16 2001

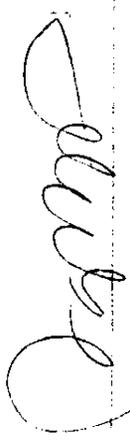
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040262925
040262925 04-18-01

04/13/2001 03-011-0228 P00

BANK OF AMERICA, N.A.
MEMPHIS, TN 38103
04/17/01

0740030242

Attachment Doc# P00000036594
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BABY ENVIOS TRAVEL, INC. 11273 S.W. 33RD ST. MIAMI, FL 33165		00036652	1147
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>One hundred and fifty and 00/100</u>		040262925 0274 2000 01 04-18-01	
FOR DEPOSIT ONLY		DOLLARS	
Inter-American Bank 950 Coral Way Miami, Florida 33165			
FOR Report 65-1005942		0014141824	
1100114711 12670877691		0000015000	