

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90461 009 ***150.00

DOCUMENT # P00000077077

1. Entity Name

PJR INTERNATIONAL TRAVEL CORPORATION

Principal Place of Business

**3501 SW 107 AVE
 MIAMI FL 33165**

Mailing Address

**3501 SW 107 AVE
 MIAMI FL 33165**

2. Principal Place of Business

11050 N. KENDALL DR.

Suite, Apt. #, etc.

108

City & State

Miami, FL

Zip

33176

Country

USA

3. Mailing Address

11050 N. KENDALL DR.

Suite, Apt. #, etc.

108

City & State

Miami, FL

Zip

33176

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2267550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, NELSON I
 3501 SW 107 AVE
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

PABLO A. QUINONES

Street Address (P.O. Box Number is Not Acceptable)

11050 N. KENDALL DR. STE 108

City

Miami

FL

Zip Code

33176

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

3/14/01

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **SD** ☐ Delete
 NAME **DA SILVA, RAUL M**
 STREET ADDRESS **3501 SW 107 AVE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **PTD** ☐ Delete
 NAME **CALMET, PABLO Q**
 STREET ADDRESS **3501 SW 107 AVE**
 CITY-ST-ZIP **MIAMI FL 33165**

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 **VTD** ☒ Change ☐ Addition
 NAME **RAUL DA SILVA**
 STREET ADDRESS **11050 N. KENDALL DR. STE 108**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **PSD** ☒ Change ☐ Addition
 NAME **PABLO A. QUINONES**
 STREET ADDRESS **11050 N. KENDALL DR. STE 108**
 CITY-ST-ZIP **MIAMI, FL 33176**

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (305) 273 1525

Date

Daytime Phone #

CR2E034 (10/00)