

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90567 046 ***150.00

DOCUMENT # P 00000077077

1. Entity Name

PJR INTERNATIONAL TRAVEL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13350 SW 128 ST

Suite, Apt. #, etc.

"B"

City & State

MIAMI, FL

Zip

33186

Country

USA

3. Mailing Address

13350 SW 128 ST

Suite, Apt. #, etc.

"B"

City & State

MIAMI, FL

Zip

33186

Country

USA

DO NOT WRITE IN THIS SPACE

759104

4. FEI Number

52-2267550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PABLO A. QUINONES

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

14832 SW 104 ST.

No. 928

City

Miami

FL

Zip Code

33196

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

3/27/02

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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PABLO A. QUINONES
14832 SW 104 ST. No. 9
Miami, FL 33196

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

3/27/02 (305) 273 1525

CR2E034B (12/01)