2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplem of the corporation or the receiver of

changed, or on an attachment wi

SIGNATURE:

May 01, 2002 8:00 am Secretary of State P01000008673 DOCUMENT # 1. Entity Name TROYA TRAVEL, INC. 05-01-2002 91573 036 ***150.00 Principal Place of Business Mailing Address 13768 SW 155 TERR 13768 SW 155 TERR B0081565 MIAMI FL 33177 **MIAMI FL 33177** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. _DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTOJO, ELENA Street Address (P.O. Box Number is Not Acceptable) 13768 SW 155 TERR MIAMI FL 33177 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax-filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition MONTOJO, ELENA NAME NAME STREET ADDRESS 13768 SW 155 TERR STREET ADDRESS CITY-ST-ZIP MIAM! FL 33177 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 and properties 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 13. I hereby certify that the information supplied with this

owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1

FILED