

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000012607

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: ALLFLIGHT TRAVEL AND TOURS, INC.

Current Principal Place of Business:

3231 SORRENTO DRIVE
WESTON, FL 33326

New Principal Place of Business:

14100 NW 3RD AVENUE
MIAMI, FL 33168 US

Current Mailing Address:

62 INDIAN TRACE #183
WESTON, FL 33326

New Mailing Address:

62 INDIAN TRACE #183
WESTON, FL 33326 US

FEI Number: 65-1078617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPISTRANO, HANNAH C
14100 NW 3RD AVENUE
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ().

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAPISTRANO, HANNAH
Address: 14100 NW 3RD AVENUE
City-St-Zip: MIAMI, FL 33168

Title: CT () Delete
Name: CAPISTRANO, JOHN B
Address: 14100 NW 3RD AVENUE
City-St-Zip: MIAMI, FL 33168

Title: DV (X) Delete
Name: PAREL, GLORIA ORTEGA
Address: 2641 RHONE WAY
City-St-Zip: MIRAMAR, FL 33025

Title: DS (X) Delete
Name: FELIX, GLAZY ORTEGA
Address: 3231 WINDWARD WAY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: CAPISTRANO, HANNAH
Address: 14100 NW 3RD AVENUE
City-St-Zip: MIAMI, FL 33168

Title: DPT (X) Change () Addition
Name: CAPISTRANO, JOHN B
Address: 14100 NW 3RD AVENUE
City-St-Zip: MIAMI, FL 33168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B CAPISTRANO

DPT

04/26/2002

Electronic Signature of Signing Officer or Director

_____ Date