

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90049 022 ***150.00

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1. Entity Name
GAVIOTA TRAVEL, INC.



Principal Place of Business *Address Changed*
330 N W 49TH AVENUE
PLANTATION FL 33317

Mailing Address *Address Changed*
330 N W 49TH AVENUE
PLANTATION FL 33317

22004979



2. Principal Place of Business
1314 SW 22nd Ave.
Suite, Apt. #, etc.

3. Mailing Address
1314 SW 22nd Ave.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33312

Country
U.S.A.

Zip
33312

Country
U.S.A.

4. FEI Number **65-1105446**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGULO, GEISY
330 N W 49TH AVENUE
PLANTATION FL 33317

1314 SW 22nd Ave.
Fort Lauderdale, FL 33312

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Geisy Angulo*

DATE: **01/10/2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME ANGULO, GEISY	
STREET ADDRESS 330 N W 49TH AVENUE	1314 SW 22nd Ave.
CITY-ST-ZIP PLANTATION FL 33317	Fort Lauderdale, FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Angulo, Dtny	
STREET ADDRESS 1314 SW 22nd Ave.	
CITY-ST-ZIP Fort Lauderdale, FL 33312	
TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Angulo, Geisy	
STREET ADDRESS 1314 SW 22nd Ave.	
CITY-ST-ZIP Fort Lauderdale, FL 33312	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Geisy Angulo*

DATE: **01/10/2003**

DAYTIME PHONE: **(954) 448-6292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)