

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-08-2002 90016 029 ***150.00

DOCUMENT # P01000050957

1. Entity Name
AEREOCUBA TOURS INC.

Principal Place of Business

**3802 SW 93 AVE
 MIAMI FL 33165**

Mailing Address

**3802 SW 93 AVE
 MIAMI FL 33165**

2. Principal Place of Business

546 NW 57 AVE

3. Mailing Address

17332 SW 149 COUNTRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

MIAMI Dade

Zip

33187

Country

MIAMI Dade

33187

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1113740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, LISSET
 3802 SW 93 AVE
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Fernando Perez de Camino

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

17332 SW 149 COUNTRY

City

MIAMI

FL

Zip Code

33187

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 **Fernando Perez de Camino (TREASURY)**

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

(NOTE: Registered Agent signature required when reinstating)

4-11-02

DATE

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, 2002 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 **DP** ☐ Delete
 NAME **HERNANDEZ, LISSET**
 STREET ADDRESS **3802 SW 93 AVE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **OV** ☒ Delete
 NAME **GONZALEZ, MERCEDES**
 STREET ADDRESS **3802 SW 93 AVE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **TREASURY** ☐ 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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **546 NW 57 AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☒ Change ☐ Addition
 NAME **Perez de Camino Mercedes**
 STREET ADDRESS **546 NW 57 AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☒ Addition
 NAME **TREASURY**
 STREET ADDRESS **Fernando Perez de Camino**
 CITY-ST-ZIP **546 NW 57 AVE MIAMI FL 33126**

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 all other like empowered.

SIGNATURE: **Fernando Perez de Camino** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

305-978-2187

Daytime Phone #

CR2E034 (9/01)