

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91157 016 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000063278

1. Entity Name  
VILLANUEVA TRAVEL & TOURISM CENTER, INC.



Principal Place of Business  
577 N.E. 62ND STREET  
SUITE 8  
MIAMI, FL 33138

Mailing Address  
577 N.E. 62ND STREET  
SUITE 8  
MIAMI, FL 33138

11041308



2. Principal Place of Business

3. Mailing Address  
8404 S.W. 40 STREET

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI, FL

4. FEI Number

65-1118408

Applied For

Not Applicable

Zip

Country

Zip

33155

Country

MIAMI-DADE

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

ROJAS, JAINIVER  
1900 BAY HARBOR DRIVE  
APT 1108  
MIAMI BEACH, FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00

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

TITLE PSTD ☐ Delete  
NAME ROJAS, JAINIVER  
STREET ADDRESS 1900 BAY HARBOR DRIVE, APT 1108  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD ☐ Delete  
NAME HENAO, WALTER-HUMBERT  
STREET ADDRESS N/A  
CITY-ST-ZIP COLOMBIA MEDELLIN,

TITLE VD ☐ Delete  
NAME VALENCIA-HENAO, JHON-ALEJANDRO  
STREET ADDRESS N/A  
CITY-ST-ZIP COLOMBIA MEDELLIN,

TITLE VD ☐ Delete  
NAME MONSALVE-OYOLA, CARLOS-MARIO  
STREET ADDRESS N/A  
CITY-ST-ZIP COLOMBIA MEDELLIN,

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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: JAINIVER ROJAS Jainiver Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 786-290-6244

Date

Daytime Phone #

CR2E034 (10/02)