

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91163 030 ***150.00

DOCUMENT # P01000068731

1. Entity Name:

U-TRAVEL INTERNATIONAL, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5870 S.W. 8th Street Suite, Apt., etc. Suite 7		3. Mailing Address P.O. Box 111291 Suite, Apt., etc.	
City & State Miami, Florida		City & State Hialeah, Florida	
Zip 33144	Country Miami-Dade	Zip 33011-1291	Country Miami-Dade
4. FEI Number 65-1122472		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

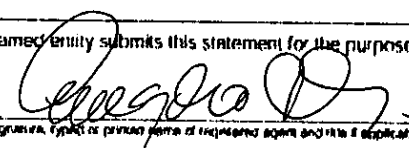
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GOMEZ, EMIGDIO F.
Street Address (P.O. Box Number is Not Acceptable) 5870 S.W. 8th Street
Suite Suite 7
City Miami
State FL
Zip Code 33144

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 reappointing)

04-30-2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



May 15, 2002 Fee is \$150.00
After May 15, Fee is \$450.00
Amended UBR is \$61.25
Make Check Payable to Department of State

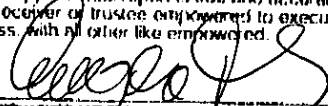
10. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.D. GOMEZ, EMIGDIO F. 5870 S.W. 8 Street, Suite 7 Miami, FL. 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. QUERIS, GUILLERMO J. 6464 West 13 Ave. Hialeah, FL. 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒  **Emigdio F Gomez.**
President

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

04-30-2002 (305) 264-2207

DATE

PHONE NUMBER