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	3. Mailing Address
5870 S.W. 8th Street	P.O. Box 111291
Suite, Apt. #, etc.: Suite 7	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Hialeah, Florida
Zip: 33144 Country: Miami-Dade	Zip: 33011-1291 Country: Miami-DAde

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1122472 ☐ Applied For ☐ Not Applicable

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

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 7

City: Miami 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: X [signature] 04-30-2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

Filing by May 1, Fee is $150.00
After May 1, Fee is $550.00
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	P,V,D,
NAME	GOMEZ, EMIGDIO F.
STREET ADDRESS	5870 S.W. 8 Street, Suite 7
CITY-ST-ZIP	Miami, FL. 33144
TITLE	S,D,
NAME	QUERIS, GUILLERMO J.
STREET ADDRESS	6464 West 13 Ave.
CITY-ST-ZIP	Hialeah, FL. 33012

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Emigdio F Gomez. President 04-30-2002 (305) 264-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR Date Daytime Phone #