

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000073437

1. Entity Name
GOOD WAY TRAVEL ENTERPRISES, CORP.

Principal Place of Business
**1276 JOHN YOUNG PARK WAY
KISSIMMEE, FL 34741**

Mailing Address
**1276 JOHN YOUNG PARK WAY
KISSIMMEE, FL 34741**

2. Principal Place of Business
1500 SE 3rd COURT

3. Mailing Address

Suite, Apt #, etc.
SUITE # 111

Suite, Apt. #, etc.

City & State
MARGATE, FL

City & State
MARGATE, FL

Zip
33063

Country
USA

Zip
33063

Country
USA

4. FEI Number
94-3366166

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSANE TRAVASSOS FARIA
1276 JOHN YOUNG PARK WAY
KISSIMMEE, FL 34741**

Name

Street Address (P O Box Number is Not Acceptable)
1500 SE 3rd COURT

SUITE # 111

City
DEERFIELD BEACH

FL Zip Code
33441

7. Name and Address of Now Registered Agent

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 _____ DATE **11/8/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PVTSD ROSANE TRAVASSOS FARIA 12814 SPURRIER LANE ORLANDO, FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	800008947508 11/13/02--01015--011 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

R. 11/1/02

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 qualified 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: *Rosane Travassos Faria*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/08/02** (954) 420-0051
Daytime Phone #

FILED
02 NOV 14 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida, November 8th, 2002.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:

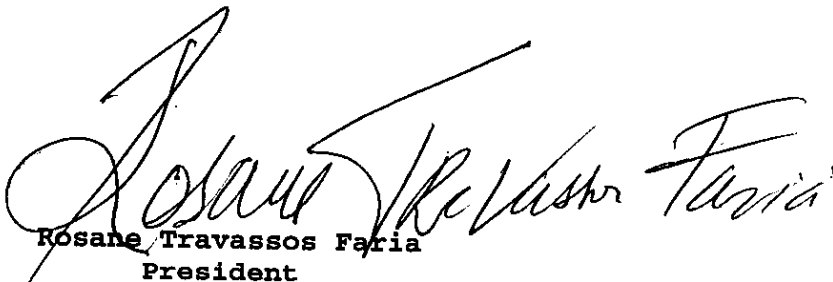
GOOD WAY TRAVEL ENTERPRISES, CORP.
Doc. # P01000073437

Our corporation has its articles filed with Florida
department of State-Division of Corporation on 31/12/01
Unfortunately, we never received the first notice, of our 2002
UBR form; and we did not know that we must pay it annually. This
is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you
please wave the Reinstatement Fee, as I am sending you the amount
of US\$ 150.00, plus the completed Form. I would like to ask you
to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,



Rosane Travassos Faria
President

GOOD WAY TRAVEL ENTERPRISES, CORP.
1500 SE 3rd Court, Suite # 111
Deerfield Beach, FL 33441