

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-16-2003 90042 028 ***150.00
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AT

DOCUMENT # P02000072014

1. Entity Name
AMBER TRAVEL, INC.



03 JUL 29 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1109 AMBER ROAD
ORLANDO FL 32807

Mailing Address
7124 VISTA PARK BLVD.
ORLANDO FL 32829



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

47-0870221

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, STEVEN C
4830 WEST KENNEDY BLVD.
STE. 335, ONE URBAN CENTRE
TAMPA FL 33609

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CRUZ, NELSON
STREET ADDRESS 7124 VISTA PARK BLVD.
CITY-ST-ZIP ORLANDO FL 32829 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 29, 2003 407.382.6689
Date Daytime Phone #

CR2ED34 (4/03)

Amber Travel

1109 Amber Road
Orlando, FL 32807

To: Division of Corporations
Florida Department of State

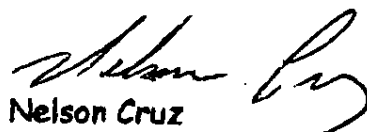
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

From: Nelson Cruz, President
Amber Travel Inc.

Date: July 7, 2003

Sirs,

Enclosed please find check Num. 569 for the amount of \$150.00 for the filing fee of our Uniform Business Report. The corporation did not receive the prior notice therefore; we request any late fee to be waived.


Nelson Cruz
President

cc: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

*A check for \$150 was
sent to the Business
Uniform Business Report!*

*ATT
SCAN
TOWER
Please send any other
information to.*

Amber Travel
1109 Amber Road
Orlando, FL 32807
Tel. (407) 382-6689