

Page 1 of 2

7/18/2003-90076-001-\$150.00-\$150.00

7/1

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000110337

1. Entity Name
BUEN VIAJE INC.



Principal Place of Business
405 CIRCLE WEST
JUPITER FL 33458

Mailing Address
405 CIRCLE WEST
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

46-0516293

Applied For

Not Applicable

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

SORIANO, SILVIA J MRS
405 CIRCLE WEST
JUPITER FL 33458

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

Silvia J. Soriano

(NOTE: Registered Agent signature required when re-registering)

07-13-2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Silvia J. Soriano
405 circle west
JUPITER FL 33458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Silvia J. Soriano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SILVIA J. SORIANO 07-13-2003

CRSE034 (4/03)

Attachment

55054853

Paper

August 19, 2003

#P02000110337

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Buen Viaje Inc. P022000110337

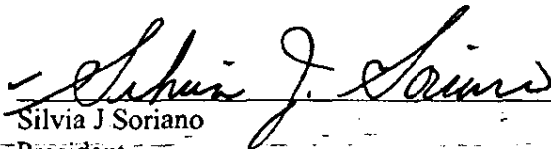
To Whom It May Concern:

Please note that we created our corporation in the middle of October of 2002. The notice for the first annual report never arrived to our address. We did not know that a fee of \$150.00 had to be paid again in January.

We only received the second notice of which I filled out and sent \$150.00 as per my understanding. The business had no activity in 2002 and we are just now really getting started. Please accept to remove the late fee and allow us to renew with the cost of \$150.00.

Our accountant has explained all the responsibilities of the corporation and we are now better informed of what we need to do. I thank you for your time with this matter and hope to hear from you very soon.

Sincerely,


Silvia J Soriano
President