

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

200000

DOCUMENT # P93000018954

1. Entity Name

~~SABRICO TRAVEL USA, INC.~~

*Weego*

00 MAR 21 PM 2:10

Principal Place of Business

Mailing Address

~~SABRICO TRAVEL USA, INC.~~  
1001 BRICKELL BAY DR. #2016  
MIAMI FL 33131

~~SABRICO TRAVEL USA, INC.~~  
1001 BRICKELL BAY DR. #2016  
MIAMI FL 33131

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0398308

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDHOFF, JOHN H  
100 S.E. 2ND ST.  
17TH FLOOR  
MIAMI FL 33131-1101

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.

SIGNATURE

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME FRANCO, JOSE R  
STREET ADDRESS 100 S.E. 2ND ST., 17TH FL.  
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE EVD  
NAME ETCHENIQUE, ALVARO R  
STREET ADDRESS 100 S.E. 2ND ST., 17TH FL.  
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PSTD  
NAME JOSE R. FRANCE  
STREET ADDRESS 1001 BRICKELL BAY DR. # 2016  
CITY-ST-ZIP MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE EVD  
NAME ALVARO R. ETCHENIQUE  
STREET ADDRESS 1001 BRICKELL BAY # 2016  
CITY-ST-ZIP MIAMI, FL 33131 ☒ Change ☐ Addition

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-374-0023

CR2E034 (9/99)