

P92000027900

Requestor's Name

UNIDOS TOURS & TRAVEL SERVICES, INC.
5870 S.W. 8th Street No. 1
Miami, Florida 33144

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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*****35.00 *****15.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 25, 1997

UNIDOS TOURS & TRAVEL SERVICES, INC.
5870 SW 8TH STREET
NO. 1
MIAMI, FL 33144

SUBJECT: UNIDOS TOURS & TRAVEL SERVICES, INC.
Ref. Number: P93000027900

We have received your document for UNIDOS TOURS & TRAVEL SERVICES, INC. and check(s) totaling \$30.00. However, your check(s) and document are being returned for the following:

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are returning your check for \$30.00 to be replaced by one in the correct amount of \$35.00.

PLEASE TITLE YOUR DOCUMENT "STATEMENT OF CHANGE OF REGISTERED OFFICE OR AGENT OR BOTH.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 997A00042718

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DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: UNIDOS TOURS AND TRAVEL SERVICES INC

2. The mailing address of the corporation is: 5870 SW 8th St,
MIAMI, FL 33144

3. Date of incorporation/qualification: 3/24/94 Document number: P93000027900 (S)

4. The name and address of the current registered agent and office:

MARIA E FONTELA
333 W 52 St
HIALEAH FLA 33144

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

HILDA FONTELA QUERIS
585 SE 9th AVE
Hialeah FLA 33010

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Maria E Fontela Aug/27/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

MARIA E FONTELA President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Hilda Fontela Queris Aug/27/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

HILDA FONTELA QUERIS
(Typed or Printed Name) (Capacity)