2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000051683 Jan 27, 2000 8:00 am **Secretary of State** SOLO "B" TRAVEL, INC. 01-27-2000 90071 016 ***150.00 Principal Place of Business Mailing Address 385 W 49TH ST 385 W 49TH ST SUITE B SUITE B HIALEAH FL 33012 HIALEAH FL 33012-3715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0426881 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACEDO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 8870 S.W. 40TH STREET SUITE 3 MIAMI FL 33165 Zip Code FL or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statemen 2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TIT1 F ☐ Delete NAME MAWYIN, BERNARDETTE STREET ADDRESS STREET ADDRESS 13840 S.W. 88TH TERRACE NORTH CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Delete TITLE ☐ Change ☐ Addition TITLE MAWYIN, MARIA NAME NAME STREET ADDRESS STREET ADDRESS 2411 79TH STREET CITY-ST-ZIP CITY-ST-ZIP JACKSON HEIGHTS NY 11370 Addition ☐ Delete TITLE TITLE MAWYIN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS **2415 79TH STREET** CITY-ST-ZIP CITY-ST-ZIP JACKSON HEIGHTS NY 11370 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME MAWYIN, HARRY NAME STREET ADDRESS STREET ADDRESS **2416 79TH STREET** CITY-ST-ZIP CITY-ST-ZIP JACKSON HEIGHTS NY 11370 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 all other like empowered.

TITLE

NAME -

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition