

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084568

1. Entity Name

UNION TRAVEL SERVICES, CORP.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90008 041 ***158.75

Principal Place of Business

5445 COLLINS AVE
CO10 A
MIAMI BEACH FL 33140
US

Mailing Address

10141 E. BAYHARBOR DR
5A
B. HARBOR FL 33154-3713
US

2. Principal Place of Business

5445 Collins Ave.
Suite, Apt. #, etc.
CU10-A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33140

Country

FL

4. FEI Number

65-0534925

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COSTA, ROXANA
10141 E. BAY HARBOR DR
APT #5-A
BAY HARBOR ISLE FL 33139

7. Name and Address of New Registered Agent

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] Roxana Costa

[Signature] April 02, 2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COSTA, ANTONIO	
STREET ADDRESS	5601 COLLINS AVE. APT. 718	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COSTA, ROXANA	
STREET ADDRESS	5601 COLLINS AVE. APT. 718	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] April 02, 2000 (305) 867-0507

Date

Daytime Phone #

CR2E034 (9/99)