

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90292 024 ***158.75

DOCUMENT # **P95000035000**

1. Entity Name

MI TIERRA TRAVEL, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

85 GRAND CANAL DR.

3. Mailing Address

85 GRAND CANAL DR.

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0694536

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA.

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

A0071877

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/21/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!
After MAY 1, 2001
Fee will be \$550.00
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	PO. SANTACRUZ, REINA
STREET ADDRESS	85 GRAND CANAL DR. #106
CITY-ST-ZIP	MIAMI, FL. 33144
TITLE	<input type="checkbox"/> Delete
NAME	
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	
TITLE	<input type="checkbox"/> Delete
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
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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

05/21/01
 Date

(305) 267-1024
 Daytime Phone #

CR2E034 (9/99)

Attachment

A071877

095800035000

May 21, 2001

DIVISION OF CORPORATION
UNIFORM BUSINESS REPORT
P.O.BOX 1500

Tallahassee, Fl. 32302-1500

SUBJECT 2,001 UNIFORM BUSINESS REPORT


We would like to inform the Department of Corporation that we have not received the green page to update our corporation for the year 2,001

We are requesting any waiver of penalties or interests and your deep understanding. Our new Accountant question us about it and advise us to explain as soon as posible the missing green paper, maybe because of our new address and office.

We are including the 2,001 U. B. R. and a check.

We need some understanding. Thanks

Sincerely;

X 
Reina SantaCruz
Director