

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91176 029 \*\*\*158.75

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DOCUMENT # P95000035000

1. Entity Name  
MI TIERRA TRAVEL, INC.



Principal Place of Business

~~85 GRAND CANAL DRIVE~~  
~~106~~  
~~MIAMI FL 33144~~

Mailing Address

~~85 GRAND CANAL DRIVE~~  
~~106~~  
~~MIAMI FL 33144~~

2. Principal Place of Business

10360 S.W. 16 ST

3. Mailing Address

10360 S.W. 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33165

Country

Zip

33165

Country

4. FEI Number

65-0694536

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANTACRUZ, REINA

~~85 GRAND CANAL DRIVE~~

~~106~~

~~MIAMI FL 33144~~

7. Name and Address of New Registered Agent

Name

10360 S.W. 16 ST

City MIAMI

FL

Zip Code 33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SANTACRUZ, REINA  
STREET ADDRESS 85 GRAND CANAL DRIVE # 106  
CITY-ST-ZIP MIAMI FL 33144

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME REINA SANTA CRUZ  
STREET ADDRESS 10360 SW 16 ST  
CITY-ST-ZIP MIAMI FL 33165

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

4/30/03 (305) 562-1442

Date

Daytime Phone #

CR2E034 (10/02)