

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90086 013 ***150.00

DOCUMENT # P95000054551

1. Entity Name
SUNAZUR TRAVEL, INC.

Principal Place of Business Mailing Address
935 CRANDON BLVD 935 CRANDON BLVD
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0602499** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, ALFONSO M
201 CRANDON BLVD #605
KEY BISCAYNE FL 33149

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
PD	LOPEZ, ALFONSO	201 CRANDON BLVD #605	KEY BISCAYNE FL 33149	☐ Delete					☐ Change ☐ Addition
VD	GROVES, DORI	201 CRANDON BLVD #605	KEY BISCAYNE FL 33149	☐ Delete					☐ Change ☐ Addition
S	LOPEZ, CARMEN N	201 CRANDON BLVD #605	KEY BISCAYNE FL 33149	☐ Delete					☐ Change ☐ Addition
T	LOPEZ, RALAE	201 CRANDON BLVD #605	KEY BISCAYNE FL 33149	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

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

Feb. 27/01 **305-365-6377**
Date Daytime Phone #

CR2E034 (10/00)