

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90640 045 ***150.00

DOCUMENT # P95000091557



1. Entity Name
ALAMEDA TRAVEL AND TOURS INC.

Principal Place of Business
**4160 W 16 AVENUE
SUITE 201
HIALEAH FL 33012
US**

Mailing Address
**4160 W 16 AVENUE
SUITE 201
HIALEAH FL 33012
US**

2. Principal Place of Business
7521 ARTHUR ST
Suite, Apt. #, etc.

3. Mailing Address
2761 W 74 ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FL.

City & State
HIALEAH, FL.

4. FEI Number **65-0626239**

Applied For
Not Applicable

Zip **33024** Country **U.S.**

Zip **33016** Country **US**

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

**MARTA IZQUIERDO
4160 W-16 AVE-
SUITE 201-
HIALEAH FL 33012-**

Name **MARTA IZQUIERDO**

Street Address (P.O. Box Number is Not Acceptable)
2761 W 74 ST

City **HIALEAH**

FL

Zip Code **33016**

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 - President

3/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **IZQUIERDO, MARTA**
STREET ADDRESS **2761 W 74 ST**
CITY-ST-ZIP **HIALEAH FL 33016**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **IZQUIERDO, JOSE A**
STREET ADDRESS **2761 W 74 ST**
CITY-ST-ZIP **HIALEAH FL 33016**

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

301-821-5287

Date

Daytime Phone #

CR2E034 (10/02)