

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90053 024 ***150.00

DOCUMENT # P95000092707

1. Entity Name
TIME TO GO TRAVEL AGENCY, INC.

Principal Place of Business
4471 N.W. 36TH STREET
SUITE 213-A
MIAMI SPRINGS FL 33166

Mailing Address
4471 N.W. 36TH STREET
SUITE 213-A
MIAMI SPRINGS FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0622424**

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

TORRES, LUZ ANGELA
4471 N.W. 36TH STREET
SUITE 213-A
MIAMI SPRINGS FL 33166

Name **MARTA SUSANA CEDERNA**
 Street Address (P.O. Box Number is Not Acceptable) **4471 NW 36 ST # 213-A**
MIAMI SPRINGS
 City **FL** Zip Code **33166**

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

04-05-02

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, 2002 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	DVS	<input checked="" type="checkbox"/> Delete
NAME	TORRES, LUZ ANGELA	
STREET ADDRESS	5701 COLLINS AVE #1604	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	CEDERNA, MARTA S	
STREET ADDRESS	14248 SW 97TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
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	P-T-S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTA S. CEDERNA	
STREET ADDRESS	14248 SW 97 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
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

PRESIDENT **04/05/02** **305-880-8505**
 Date Daytime Phone #

CR2E034 (9/01)