

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91758 025 ***150.00

0303235 AV

DOCUMENT # P95000096703

1. Entity Name
VIP TRAVEL, INC.



Principal Place of Business
15812 SW 137 AVE
MIAMI FL 33177
US

Mailing Address
14382 SOUTHWEST 159TH STREET
MIAMI FL 33177-6871

2. Principal Place of Business
13205 SW 137 AVE

3. Mailing Address

Suite, Apt. #, etc.
110

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33186

Country
DADE

Zip

Country

4. FEI Number **65-0639924**

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

7. Name and Address of New Registered Agent

BARCELLOS, KLINGER DISNEY
14382 SOUTHWEST 159TH STREET
MIAMI FL 33177-6871

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. 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

April 30, 2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
2VPT
GOMES, MARIA C
14382 SW 159 STREET
MIAMI FL 33177-6871 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARCELLOS, KLINGER D
14382 S.W. 159 STREET
MIAMI FL 33177 ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 2003 305 235 7070

Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT
90128126
P95000096703

NOTE.

GOMEZ, MARIA C

IS THE PRESIDENT
OF THE
CORPORATION
