

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000077610**

1. Entity Name

DELEN TRAVEL AGENCY INC.**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90135 041 ***150.00

Principal Place of Business

Mailing Address

**306 NE 79TH ST
MIAMI FL 33138
US****306 NE 79TH ST
MIAMI FL 33138-4860
US**

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

65-0698428

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BERTRAND, DESILE
13000 N MIAMI AVE
MIAMI FL 33168**

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	RD	<input type="checkbox"/> Delete
NAME	BERTRAND, DESILE	
STREET ADDRESS	13000 N MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERTRAND, MARIE MARLENE C	
STREET ADDRESS	13000 N MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERTRAND DESILE	
STREET ADDRESS	151 51 SW 46 St	
CITY-ST-ZIP	MIAMMAR FL , 33027	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERTRAND MARIE MARLENE	
STREET ADDRESS	151 51 SW 46 St	
CITY-ST-ZIP	MIAMMAR , FL , 33027	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

04/30/00 (305) 757 76 76

Date

Daytime Phone #

CR2E034 (9/99)