

2001 UNIFORM BUSINESS REPORT (UBR)

0154103

DOCUMENT # P97000018088

1. Entity Name

SAYAGO TOURS & TRAVEL SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 1:27

Principal Place of Business

Mailing Address

25 S.E. 2ND AVE
312
MIAMI FL 33131
US

25 S.E. 2ND AVE
312
MIAMI FL 33131
US

2. Principal Place of Business

25 S.E. 2nd. AVE. #3

3. Mailing Address

25 S.E. 2nd. AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

312

312

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0739346

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

MENDOZA, CECILIA

460 EAST 33TH STREET

APT. 148

MIAMI FL 33013

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEB. 10, 2001

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, 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 PD ☐ Delete
NAME BENZA, MARIA S
STREET ADDRESS 2170 NE 120TH STREET
CITY-ST-ZIP N MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME 300004653943--0
STREET ADDRESS -10/25/01--01081--008
CITY-ST-ZIP ****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

FEB. 10, 2001 305.372-9960

Date

Daytime Phone #

CR2E034 (10/00)



9 October 2001
Florida Department of State
Division of Corporations
P.O BOX 6327
Tallahassee, Fl. 32314

Dear Sir Or Madam:

Enclosed please find 2001 Sayago Tours & Travel Services Corporation annual Report that was sent on February and was sent back to Sayago Tours because of wrong address. We have received this week the reinstatement envelope. I call your office and was informed that my report has not been received. We look all over and finally we found in the middle of the of the brochures that we received every day.

Please consider update my record accepting my filing. I make sure it won't happen again.

If you have any question, please call (305-372-9960)

Sincerely Yours,


Maria S Benza

