

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90048 025 ***150.00

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DOCUMENT # P97000018088

1. Entity Name
SAYAGO TOURS & TRAVEL SERVICES, INC.



Principal Place of Business
25 S.E. 2ND AVE
#312
MIAMI FL 33131
US

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



2. Principal Place of Business
25 S.E. 2ND AVE

3. Mailing Address
25 SE 2ND AVE.

Suite, Apt. #, etc.
#312

Suite, Apt. #, etc.
#312

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0739346**

Applied For
Not Applicable

Zip **33131** **Country** **USA**

Zip **33131** **Country** **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MENDOZA, CECILIA
460 EAST 33TH STREET
APT 148
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name **ARIEL SAYAS**
Street Address (P.O. Box Number is Not Acceptable)
625 75th STREET APT 3
City **MIAMI BEACH, FL** **FL** **Zip Code** **33141**

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]* **ARIEL SAYAS** **April 30, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$450.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENZA, MARIA S 2170 NE 120TH STREET N MIAMI FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **04/30/03** **Daytime Phone #**

CR2E034 (10/02)