

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019563

1. Entity Name

VOLARE TRAVEL CONSULTANTS INC.

Principal Place of Business

7661 NW 68 ST
SUITE 103
MIAMI FL 33166

Mailing Address

7661 NW 68 ST
SUITE 103
MIAMI 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

65-0731621

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAHOZ, LILIANA V
7661 NW 68 ST
SUITE 103
MIAMI FL 33166

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)

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LAHOZ, LILIANA
12535 N.W. 7TH ST.
MIAMI FL 33182

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LAHOZ, JUAN R
12535 N.W. 7TH ST.
MIAMI FL 33182

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Liliana V. LaHoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 599-0244
Daytime Phone #

FILED

Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90006 019 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment

675882

P97000019563

Volare Travel Consultants Inc.

vacation planning . corporate travel . cruise specialist

Phone (305)599-0244
Fax (305) 599-0084
Email: volaretravel@att.net

7661 NW 68 Street
Bay #103
Miami, FL 33166

July 25, 2002

Attn: Supervisor
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

This letter is to request your help regarding my annual filing.

I just realized that my filing has still not been done this year. I noticed that the fee is substantially higher now and one that I can surely not pay.

Please allow me to explain. This year things have not gone well for us. After the terrorist attacks our industry has suffered tremendously. We had to cut back on personnel and I am know by myself in the office handling everything. In an oversight I missed the filing deadline. Please forgive me. I apolloge for having to excuse myself but what I am telling you is the truth.

I sincerely would not be able to stay in business if I have to pay \$500.00 X 2 small businesses that I run.

Attachment

675882
P9700019563

I beg you to please accept the original amounts and allow me to continue doing business.

If we may have a further conversation, please contact me at 305-599-0244.

Please authorize this waiver for me. I would really appreciate it.

Best Regards,

Liliana Lahoz

Liliana Lahoz

Manager