

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


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

05-05-2003 90382 041 ***150.00

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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
6801 NW 77th Ave
Suite, Apt. #, etc.
Suite 105
City & State
Miami FL
Zip
33166
Country
Dade

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip
Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent
Name LILIANA V. LAHOZ
Street Address (P.O. Box Number is Not Acceptable)
6801 NW 77th Ave #105
City Miami FL Zip Code 33166

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 Liliana V. Lahoz DATE 04/30/03
(NOTE: Registered Agent signature required when reinstating)

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	D LAHOZ, LILIANA 12535 N.W. 7TH ST. MIAMI FL 33182 <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	D LAHOZ, JUAN R 12535 N.W. 7TH ST. MIAMI FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Liliana V. Lahoz DATE 04/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)