

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90426 010 ***150.00

DOCUMENT # P97000050139

1. Entity Name

BONJOUR TRAVEL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

136 NE 54th ST

Suite, Apt. #, etc.

3. Mailing Address

136 NE 54th ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL 33137

City & State

MIAMI, FL 33137

4. FEI Number

65-0761409

Applied For

Not Applicable

Zip 33137

Country US

Zip 33137

Country US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GERRIER, GERARD

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

1230 NE 2nd COURT

City

NORTH MIAMI,

FL

Zip Code

33161

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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME GERRIER, GERARD
STREET ADDRESS 1230 NE 2nd COURT
CITY-ST-ZIP NORTH MIAMI, FL 33161

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerard Gerrier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03.

Date

Daytime Phone #

CR200348 (12/01)