

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91003 034 \*\*\*158.75

**DOCUMENT # P97000057290**

**1. Entity Name**  
**MARY TRAVEL SERVICES CORP.**

**Principal Place of Business**

~~935-A SW 87 AVE~~  
~~MIAMI FL 33174~~

**Mailing Address**

~~935-A SW 87 AVE~~  
~~MIAMI FL 33174~~

**2. Principal Place of Business**

**931 S.W 87 Ave**

Suite, Apt. #, etc.

**3. Mailing Address**

**931 S.W 87 Ave.**

Suite, Apt. #, etc.

**City & State**

**Miami Florida**

**City & State**

**Miami Florida**

**Zip**

**33174**

**Country**

**U.S.A**

**Zip**

**33174**

**Country**

**U.S.A**

**4. FEI Number**

**65-0763633**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ESTRADA, MARIA E**  
**9674 FOUNTAINEBLEAU BLVD**  
**#26**  
**MIAMI FL 33172**

**7. Name and Address of New Registered Agent**

**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**

**TITLE** PD ☐ Delete  
**NAME** ESTRADA, MARIA E  
**STREET ADDRESS** ~~935-A SW 87 AVE~~  
**CITY-ST-ZIP** ~~MIAMI FL 33174~~

**TITLE** STD ☐ Delete  
**NAME** ESTRADA, JOSE  
**STREET ADDRESS** ~~935-A SW 87 AVE~~  
**CITY-ST-ZIP** ~~MIAMI FL 33174~~

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☒ Change ☐ Addition  
**NAME** Estrada maria Elena  
**STREET ADDRESS** 931 S.W 87 Ave Miami FL 33174  
**CITY-ST-ZIP**

**TITLE** STD ☒ Change ☐ Addition  
**NAME** Estrada Jose  
**STREET ADDRESS** 931 S.W 87 Ave Miami FL 33174  
**CITY-ST-ZIP**

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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

Date

Daytime Phone #

Feb/26/02 3652602188

CR2E034 (9/01)