

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064694

1. Entity Name
SPA TRAVEL, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90338 033 ***150.00

Principal Place of Business
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Mailing Address
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8055 NW 77Ct

3. Mailing Address
8055 NW 77Ct

Suite, Apt. #, etc.
Suite #5

Suite, Apt. #, etc.
Suite #5

City & State
Medley, FL

City & State
Medley, FL

4. FEI Number 65-0780997

Applied For
Not Applicable

Zip
33166

Country
US

Zip
33166

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALMAU, JAVIER
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Name

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

8055 NW 77Ct
Suite #5

City

Medley

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.

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, 2001 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 VD
NAME DALMAU, AURORA
STREET ADDRESS 4401 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE
NAME 8055 NW 77Ct, Suite #5
STREET ADDRESS Medley, FL 33166
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VT
NAME DALMAU, JORGE
STREET ADDRESS 4401 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME 8055 NW 77Ct, Suite #5
STREET ADDRESS Medley, FL 33166
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME DALMAU, JAVIER
STREET ADDRESS 4401 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME 8055 NW 77 Ct, Suite #5
STREET ADDRESS Medley, FL 33166
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VS
NAME TERPENING, ROBERT J
STREET ADDRESS 4401 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

TITLE VS
NAME Robert J. Gofus
STREET ADDRESS 8055 NW 77 Ct, Suite #5
CITY-ST-ZIP Medley, FL 33166 ☐ Change ☒ Addition

TITLE V
NAME DALMAN, LAURA
STREET ADDRESS 4401 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE
NAME 8055 NW 77Ct, Suite #5
STREET ADDRESS Medley, FL 33166
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PDC
NAME DALMAU, JORDI
STREET ADDRESS 4401 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33145 ☐ Delete

TITLE
NAME 8055 NW 77Ct, Suite #5
STREET ADDRESS Medley, FL 33166
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
Date

Daytime Phone #

CR2E034 (10/00)