2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P9700069026** Jul 25, 2000 8:00 am 1. Entity Name **Secrétary of State** REMESAS SANTO DOMINGO TRAVEL, INC. 07-25-2000 90002 029 ***550.00 Principal Place of Business Mailing Address 2290 N.W. 28TH STREET 2290 N.W. 28TH STREET SUITE B SUITE B MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address 290 NW 2290 NW Suite, Apt.`#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite</u> City & State City & State 4. FEI Number Applied For 65-0772619 iamı Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired U. 5 A 3 3 Fee Required 33142 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sodriauez GRACIELA FREYTES, MARIA Street Address (P.O. Box, Number is Not Acceptable 4350 SATURN AVENUE WEST PALM BEACH FL 33406 Zip Code 33/72 iam I named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNAT FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Taxilling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** ☐ Addition Delete Rodriguez Brant GRACIELA FREYTES, MARIA NAME NAME ik L 2290 N.W. 28TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7P MIAMI FL 33142 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 reserver or frequency or the secure 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TOPED OF PRINTED MAME OF JOINING OFFICER OR DIRECT

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