

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081530

1. Entity Name

BEA TRAVEL SERVICE CORP.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90033 021 ***150.00

Principal Place of Business

Mailing Address

1110 BRICKELL AVENUE
SUITE 400
MIAMI FL 33131

1110 BRICKELL AVENUE
SUITE 400
MIAMI FL 33131-3135

2. Principal Place of Business

12798 W. FOREST HILL BLVD

3. Mailing Address

P.O. BOX 211913

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

ROYAL PALM BEACH, FL

4. FEI Number

65-0235655

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33421-1913

Country

USA

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

EGUIGUREN, BEATRIZ V
1110 BRICKELL AVENUE
SUITE 400
MIAMI FL 33131

Name

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

12798 W. FOREST HILL BLVD.

SUITE 203

City

WELLINGTON

FL

Zip Code

33414

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, 2000 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 D
NAME EGUIGUREN, ALEJANDRO
STREET ADDRESS 1110 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE D
NAME EGUIGUREN, BEATRIZ V
STREET ADDRESS 1110 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
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12798 W. FOREST HILL BLVD.
WELLINGTON, FL 33414

☒ Change ☐ Addition

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☐ 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: Alejandro Eguiguren ALEJANDRO EGUIGUREN 03/17/00 561-793-5520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)