

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90176 017 ***150.00

DOCUMENT # P97000081530

1. Entity Name
BEA TRAVEL SERVICE CORP.

Principal Place of Business
12798 W. FOREST HILL BLVD.
SUITE 203
WELLINGTON FL 33414

Mailing Address
P.O. BOX 211913
ROYAL PALM BEACH FL 33421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
122 LAKE DORA DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number **65-0235655**

Applied For
Not Applicable

Zip **33411**

Country **USA**

Zip

Country

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
12798 W. FOREST HILL BLVD.
SUITE 203
WELLINGTON FL 33414

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EGUIGUREN, ALEJANDRO | |
| STREET ADDRESS | 12798 W. FOREST HILL BLVD. | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EGUIGUREN, BEATRIZ V | |
| STREET ADDRESS | 12798 W. FOREST HILL BLVD. | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|-----------------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 122 LAKE DORA DR. |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 122 LAKE DORA DR. |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Alejandro Eguiguren* **ALEJANDRO EGUIGUREN** **04/15/02** **561-683-5986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)