

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90286 022 ***150.00

DOCUMENT # P97000092684

1. Entity Name
AEROPOSTAL DESTINATIONS, INC.

Principal Place of Business Mailing Address

1101 BRICKELL AVE **1101 BRICKELL AVE.**
NORTH TOWER STE 500 **NORTH TOWER STE 500**
MIAMI FL 33131 **MIAMI FL 33131**

A0061469

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

65-0790704 ☐ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

☐ ☐

6. Name and Address of Current Registered Agent

VELAZQUEZ, HAYDHELEN
7444 MONACO ST
CORAL GABLES FL 33143

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) ☐

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	STPV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VELAZQUEZ, HAYDHELEN		NAME		
STREET ADDRESS	7444 MONACO ST		STREET ADDRESS		
CITY-STATE-ZIP	CORAL GABLES FL 33143		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H. Velazquez* 4-28-00 305-592-0394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #