

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90037 001 ***150.00
01-27-2001 90037 002 *****8.75

DOCUMENT # P97000094184

1. Entity Name
CRUCET TRAVEL, INC.

Principal Place of Business
**260 CRANDON BLVD. #46
KEY BISCAYNE FL 33149**

Mailing Address
**260 CRANDON BLVD. #46
KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **64-0799367**

Applied For
Not Applicable

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

**DE LARA, IVONNE C
260 CRANDON BLVD, #46
KEY BISCAYNE FL 33149**

Name **Ivonne Cruet Valiente**
Street Address (P.O. Box Number is Not Acceptable) **260 Crandon Blvd # 46**
City **Key Biscayne** **FL** Zip Code **33149**

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 **Ivonne C Valiente** **Ivonne Cruet Valiente / PSD 1/19/01**
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 **PSD** ☒ Delete
NAME **DE LARA, IVONNE C**
STREET ADDRESS **260 CRANDON BLVD, #46**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **PSD** ☒ Change ☐ Addition
NAME **Valiente, Ivonne C.**
STREET ADDRESS **260 Crandon Blvd**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **Ivonne C Valiente** **1/19/01** **305-361-2288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)