

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90163 003 ***150.00

DOCUMENT # P97000094184
1. Entity Name
 CRUCET TRAVEL, INC.

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

2. Principal Place of Business **3. Mailing Address**
 525 Hampton Lane 525 Hampton Lane
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Key Biscayne FL Key Biscayne FL
Zip **Country** **Zip** **Country**
 33149 USA 33149 USA

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
 DE LARA, IVONNE C
 260 CRANDON BLVD, #46
 KEY BISCAYNE FL 33149
 change of name
 change of address

7. Name and Address of New Registered Agent
 Name Ivonne C. Valiente
 Street Address (P.O. Box Number is Not Acceptable)
 525 Hampton Lane
 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* DATE 4/16/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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**

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	VALIENTE, IVONNE C	change of address
STREET ADDRESS	260 CRANDON BV	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	Rafael Valiente	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ivonne C. Valiente	change of address
STREET ADDRESS	525 Hampton Ln	
CITY-ST-ZIP	Key Biscayne FL 33149	
TITLE	Vice PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rafael Valiente	
STREET ADDRESS	525 Hampton Lane	
CITY-ST-ZIP	Key Biscayne FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Ivonne C. Valiente* DATE 4/16/02 DAYTIME PHONE # 305 3613871
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR