

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90002 002 ***150.00

DOCUMENT # P98000013006

1. Entity Name
GALAXY TRAVEL & TOURS, INC.

Principal Place of Business 874 NW 132 AVE C/O ALEIDA MARTINEZ MIAMI FL 33182	Mailing Address 874 NW 132 AVE C/O ALEIDA MARTINEZ MIAMI FL 33182-2310
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1248 W 68 ST Suite, Apt. #, etc. HIALEAH, FL 33014 City & State HIALEAH, FLORIDA	3. Mailing Address SAME
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City & State HIALEAH, FLORIDA	City & State	4. FEI Number 65-0843566	Applied For Not Applicable
Zip 33014	Country USA	Zip	Country

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

6. Name and Address of Current Registered Agent
MARTINEZ, ALEIDA
874 NW 132 AVE
MIAMI FL 33182

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 ALEIDA MARTINEZ @ Aleida Martinez DATE 4/17/00
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, ALEIDA 874 NW 132 AVE W MIAMI FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ZABALA, NESTOR JR 874 NW 132 AVE W MIAMI FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ADA FERNANDEZ 13418 SW 17 TERRACE CIRCLE N. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Aleida Martinez DATE 4/17/00 (305) 821-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)