FILED
May 29, 2002 8:00 am
Secretary of State
04-02-2002 90952 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037666

1. Entity Name
QUISKEYA-TRAVEL AND MULTISERVICES, INC.

Principal Place of Business
16544 N.E. 6TH AVENUE 16444 NE 6 AVE
NORTH MIAMI BEACH FL 33162

Mailing Address
16544 N.E. 6TH AVENUE 16444 N E
NORTH MIAMI BEACH FL 33162

87985

DO NOT WRITE IN THIS SPACE

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 65-0835516 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROUCHON, PHILOMENA
16544 N.E. 6TH AVENUE 16444 N E 6TH AVE
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
Name JOHANNE RICHARDSON
Street Address (P.O. Box Number is Not Acceptable) 16444 N E 6TH AVE
MIAMI, FL 33162
City MIAMI FL Zip Code 33162

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 Philomena Rouchon 3/11/02
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUCHON, PHILOMENA 16544 N.E. 6TH AVENUE NORTH MIAMI BEACH FL 33162	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTREUIL, MARIEM 16544 N.E. 6TH AVENUE NORTH MIAMI BEACH FL 33162	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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: SIGNATURE REQUIRED Philomena Rouchon 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#