

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000040069**

1. Entity Name

SUPER TRAVEL SERVICES GROUP, INC.**FILED**
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90039 033 ***150.00

Principal Place of Business

1361 W 37 ST
HIALEAH FL 33012
US

Mailing Address

1198 W 23 ST
IN CORNER
HIALEAH FL 33010-1925
US

2. Principal Place of Business

3. Mailing Address

P. O. BOX 127220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH, FL

4. FEI Number

65-0835081

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

Miami-Dade

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**LAZO, ROGELIO
1361 W 37 ST
HIALEAH FL 33012**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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAZO, ROGELIO	
STREET ADDRESS	1361 W 37 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLL, ARMANDO H	
STREET ADDRESS	1361 W 37TH ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VELEIRO, CANDIDA	
STREET ADDRESS	1361 W 37 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
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	<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	
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:ROGELIO LAZO, PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000 305-826-9013

Date

Daytime Phone #

A0030918



DO NOT WRITE IN THIS SPACE