

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

DOCUMENT # **P98000040069**

1. Entity Name

SUPER TRAVEL SERVICES GROUP, INC.



05-01-2003 90494 001 ****50.00

05-01-2003 90494 002 ***150.00

Principal Place of Business

**1000 W 23 ST
HIALEAH FL 33010
US**

Mailing Address

**1000 W 23 ST
HIALEAH FL 33010
US**

2. Principal Place of Business

1000 W 23 ST

Suite, Apt. #, etc.

H

City & State

Hialeah FL 33010

Zip

33010

Country

USA

3. Mailing Address

1000 W 23 ST

Suite, Apt. #, etc.

Hialeah FL

City & State

Hialeah FL

Zip

33010

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0835081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAZO, ROGELIO
7486 W 33RD. LN
HIALEAH FL 33018**

7. Name and Address of New Registered Agent

Name

ROGELIO LAZO

Street Address (P.O. Box Number is Not Acceptable)

7486 W 33rd Ave

City

Hia

FL

Zip Code

33018

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LAZO, ROGELIO**
STREET ADDRESS **1000 W 23 ST**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **S** ☐ Delete
NAME **VELEIRO, CANDIDA**
STREET ADDRESS **1000 W 23 ST**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/03 305 963 820

CR2E034 (10/02)