

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052136

1. Entity Name

FAMILY TRAVEL, INC.

FILED

00 APR 25 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 S.W. 107TH AVENUE
#305
MIAMI FL 33174

Mailing Address

400 S.W. 107TH AVENUE
#305
MIAMI FL 33174-8400

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

65-0842547

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNOZ, CAROLL
400 S.W. 107TH AVENUE
#305
MIAMI FL 33174

Name

FREDDY MUNOZ

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

4811 SW 145 Ave.

City

Miami

600003236386-7
-05/03/00-01025-025

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the

State Fee \$150.00 ****150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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 State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MUNOZ, CAROLL
STREET ADDRESS 13501 N.W. 7TH TERRAE
CITY-ST-ZIP MIAMI FL 33182



TITLE P/D
NAME FREDDY MUNOZ
STREET ADDRESS 4811 SW 145 Ave.
CITY-ST-ZIP Miami, FL. 33175



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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STREET ADDRESS
CITY-ST-ZIP



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CITY-ST-ZIP



TITLE
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STREET ADDRESS
CITY-ST-ZIP



600003236386-7
-05/03/00-01025-026
*****8.75 *****8.75

TITLE
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CITY-ST-ZIP



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TITLE
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

(305) 551-1212
Daytime Phone #