

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90093 007 \*\*\*158.75

DOCUMENT # P98000055821

1. Entity Name

ECLIPSE TRAVEL, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5423 NW 55 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK, FL

City & State

4. FEI Number

65-0840584

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAIME RESTREPO

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

5423 NW 55 TERRACE

City

COCONUT CREEK

**FL**

Zip Code

33073

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

~~ANA~~ PRESIDENT, DIRECTOR  
ANA C. RESTREPO  
5423 NW 55 TERRACE  
COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VICE PRESIDENT, DIRECTOR  
JAIME RESTREPO  
5423 NW 55 TERRACE  
COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jaime Restrepo

4/25/02

(954) 4480673

CR2E034B (12/01)