

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078221

1. Entity Name

AMERICAN EAGLE TRAVEL INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90019 028 ***150.00

Principal Place of Business

128 49TH STREET SOUTH
ST PETERSBURG FL 33707
US

Mailing Address

128 49TH STREET SOUTH
ST PETERSBURG FL 33707
US

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 **59-3531492**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MONTEIRO, ALBERTO
3813 GULF BLVD. #305
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name

ALBERTO MONTEIRO

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

3813 GULF BLVD # 201

City

ST. PETE BEACH

FL

Zip Code

33706

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 *Claudia Monteiro* **CLAUDIA MONTEIRO - VICE PRESIDENT** **APRIL 23, 2001**

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, 2001 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 **P** ☐ Delete
NAME **MONTEIRO, ALBERTO**
STREET ADDRESS **3813 GULF BLVD #305**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE **VP** ☐ Delete
NAME **MONTEIRO, CLAUDIA**
STREET ADDRESS **3813 GULF BLVD #305**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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

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

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

TITLE ☐ Change ☐ 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:

Claudia Monteiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA MONTEIRO **APRIL 23, 2001** **(727) 332-2340**

Date

Daytime Phone #

CR2E034 (10/00)

0390257