

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093868

1. Entity Name

F.P. INTERNATIONAL TRAVEL INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90869 011 ***158.75

Principal Place of Business

Mailing Address

5273 N.W. 5TH STREET
 MIAMI FL 33126

5273 N.W. 5TH STREET
 MIAMI FL 33126-5033

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

65-0921481

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

MEDINA, MARIA
 176 E. 16TH STREET
 HIALEAH FL 33010

Name

Fernandez IVON - M

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

5273 NW 5 ST

City

MIAMI

FL

Zip Code

33126

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

Iron M Fernandez

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 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 PT ☐ Delete
 NAME FERNANDEZ, GREGORIO JESUS
 STREET ADDRESS 5273 NW 5 ST
 CITY-ST-ZIP MIAMI FL 33126

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

TITLE VPS ☐ Delete
 NAME FERNANDEZ, PATRIA L
 STREET ADDRESS 5273 NW 5 ST
 CITY-ST-ZIP MIAMI FL 33126

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00 (305) 443 9127

CR2E034 (9/99)