

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097705

1. Entity Name

AMAZON TRAVEL TRADING CORP.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90005 005 ***150.00

Principal Place of Business

1049 NE 30TH CT
OAKLAND PARK FL 33334
US

Mailing Address

1049 NE 30TH CT
OAKLAND PARK FL 33334-2628
US

2. Principal Place of Business

2916 NW 6th TERRACE
Suite, Apt. #, etc.

3. Mailing Address

SAME AS # 2
Suite, Apt. #, etc.

City & State

WILTON MANORS, FL 33311

City & State

Zip

Country

33311

Country

USA

Zip

Country

4. FEI Number

65-0880182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANCO, LUIZ A
1099 NE 30TH CT
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	BRANCO, LUIZ A	5813 PLUM BAY PARKWAY NORTH	TAMARAC FL 33321	<input type="checkbox"/>
STD	BRANCO, ANA L	5813 PLUM BAY PARKWAY NORTH	TAMARAC FL 33321	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

02/14/00 (954) 5663786
Date Daytime Phone #