

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91125 014 \*\*\*150.00

**DOCUMENT # P98000099456**

1. Entity Name  
**O.K. TRAVEL TOURS AND TRANSPORTATION SERVICES, I**

Principal Place of Business

**8860 FONTAINBLEAU BLVD.  
STE 406  
MIAMI FL 33172**

Mailing Address

**8860 FONTAINBLEAU BLVD.  
STE 406  
MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9372 COLLINS AVE**

3. Mailing Address

**P.O. BOX 226373**

Suite, Apt. #, etc.

**4**  
**SURFSIDE FLORIDA**

Suite, Apt. #, etc.

**MIAMI FL 33**  
**MIAMI FL 33122**

City & State

City & State

4. FEI Number

**65-0878139**

Applied For

Not Applicable

**33154**

**USA**

**33122**

**USA**

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

**NAVARRETE, AMANDA  
8860 FONTAINBLEAU BLVD.  
STE 406  
MIAMI FL 33172**

Name

**EDGAR SUAREZ**

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

**9372 COLLINS AVE #4**

City

**SURFSIDE**

FL

Zip Code

**33154**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAVARRETE, AMANDA	
STREET ADDRESS	8860 FONTAINBLEAU BLVD.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUAREZ, EDGAR	
STREET ADDRESS	8860 FONTAINBLEAU BLVD.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ EDGAR	
STREET ADDRESS	9372 COLLINS AVE #4	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMANDA NAVARRETE	
STREET ADDRESS	9372 COLLINS AVE #4	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**EDGAR SUAREZ 04-27-01 305-868689**

CR2E034 (10/00)