FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91751 006 ***150.00

672746

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004964

1. Entity Name
FORTUNA TRAVEL SERVICES, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1149 SW 27TH AVENUE	1149 SW 27TH AVENUE
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33135 Country MIAMI-DADE	Zip 33135 Country MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0888244 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name VASQUEZ, MAURA E

Street Address (P.O. Box Number is Not Acceptable)
1149 SW 27TH AVENUE

City MIAMI FL Zip Code 33135

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] 05/08/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (re)stating) 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 P NAME VASQUEZ, MAURA E STREET ADDRESS 1149 SW 27TH AVENUE, Suite 103 CITY-ST-ZIP MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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] 05/08/02 305-541-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #