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

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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 changing) 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

DO NOT WRITE IN THIS SPACE

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 #

CR2E034B (12/01)