

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030796

1. Entity Name

FUTURO 2,000 TRAVEL, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90184 016 ***150.00

Principal Place of Business

Mailing Address

12683 NW 10TH ST.
MIAMI FL 33182

12683 NW 10TH ST.
MIAMI FL 33182-2042

2. Principal Place of Business

2334 SW 67 AVE

Suite, Apt. #, etc.

3. Mailing Address

2334 SW 67 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL. 33155

Zip

Country

City & State

MIAMI FL. 33155

Zip

Country

4. FEI Number

65 099 4643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AVILA, NAYDA
12683 NW 10TH ST.
MIAMI FL 33182

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 Nayda L. Avila

NAYDA L AVILA

PRESIDENT

4/14/00

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	P	<input type="checkbox"/> Delete
NAME	AVILA, NAYDA	
STREET ADDRESS	12683 NW 10TH ST.	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CASTILLO, MARGARITA	
STREET ADDRESS	7561 SW 129TH AVE., APT. 3	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Nayda L. Avila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

305-573-4200

Daytime Phone #

CR2E034 (9/99)