

2000 UNIFORM BUSINESS REPORT (UBR)

3/22

FILED

May 09, 2000 8:00 am
Secretary of State

03-22-2000 90044 007 ***150.00

DOCUMENT # P99000032421

1. Entity Name

GLOBAL USA TRAVEL, INC.

Principal Place of Business

**501 BRICKELL KEY DR STE 400
MIAMI FL 33131**

Mailing Address

**501 BRICKELL KEY DR STE 400
MIAMI FL 33131-2624**

2. Principal Place of Business

8323 N.W. 12th Street

Suite, Apt. #, etc.

Suite 110

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Address

8323 N.W. 12 Street

Suite, Apt. #, etc.

Suite 110

City & State

Miami, FL

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0915802

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLOSBERGAS, NELSON
501 BRICKELL KEY DR STE 400
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Gilberto Jose Modolo

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

8323 N.W. 12 Street

Suite 110

City

Miami,

FL

Zip Code

33126

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

04/03/2000

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 **PD** ☐ Delete
NAME **MARTINEZ, VALTER R**
STREET ADDRESS **501 BRICKELL KEY DR STE 400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

3-16-00

305-500 9978

CR2E034 (9/99)