

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036630

1. Entity Name

AMIGOS TRAVEL GROUP, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90056 005 ***150.00

Principal Place of Business

8150 SW 8TH STREET NO. 213
MIAMI FL 33144

Mailing Address

8150 SW 8TH STREET NO. 213
MIAMI FL 33144-4265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0912884

Applied For

Not Applicable

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

MORALES, ANA L
14771 SW 173RD STREET
MIAMI FL 33187

Name

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

8150 S.W. 8 street
Suite 213

City

Miami

FL

Zip Code

33144

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MORALES, ANA LUZ
1477 SW 173RD STREET
MIAMI FL 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8150 S.W. 8 street Suite 213
Miami, FL 33144 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
MORALES, CARLOS E
1477 SW 173RD STREET
MIAMI FL 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8150 S.W. 8 street Suite 213
Miami, FL 33144 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(305) 269 9002

Daytime Phone #

CR2E034 (9/99)