

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90026 015 ***158.75

DOCUMENT # P99000046346 1. Entity Name SOUTHAMERICA TRAVEL NET, INC.					
Principal Place of Business 12800 SW 104 TERRACE MIAMI, FL 33186			Mailing Address 12800 S. W. 104 TERRACE MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0930992				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EGUREN, FEDERICO PEREZ 12800 S.W. 104 TER MIAMI, FL 33186			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ EGUREN, FEDERICO 12800 SW 104 TER MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-EGUREN, ALEJANDRO 12800 SW 104 TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-EGUREN, RAFAEL 12800 SW 104 TER. MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>FEDERICO PEREZ EGUREN</u> JAN 19/08 (305) 388-8788 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT #

40010312

P99000046346

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number P99000046346

Business Entity Name SOUTHAMERICA TRAVEL NET, INC.

FEI Number 65 - 0930292

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☒ Yes ☐ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 12800 SW 104 TERRACE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State MIAMI , FL

Zip Code & Country 33186 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 12800 S. W. 104 TERRACE

Suite, Apt. #, etc.

City, State MIAMI , FL

Zip Code & Country 33186

Name And Address of Registered Agent

Name (Last, First, Middle, Title) PEREZ EGUREN , FEDERICO , E

- OR -

Business to serve as RA

Street Address In Florida 12800 S.W. 104 TER (PO Box not acceptable)

Suite, Apt. #, etc.

City, State MIAMI , FL

Zip Code & Country

33186

US

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If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

P

Name (Last, First, Middle, Title)

PEREZ EGUREN , FEDERICO

- OR -

Entity Name to serve as Officer/Director

Street Address

12800 SW 104 TER

City, State

MIAMI

, FL

Zip Code & Country

33186

Name And Address #2

Title

D

Name (Last, First, Middle, Title)

PEREZ-EGUREN , ALEJANDRO

- OR -

Entity Name to serve as Officer/Director

Street Address

12800 SW 104 TERRACE

City, State

MIAMI

, FL

Zip Code & Country

33186

Name And Address #3

Title

D

Name (Last, First, Middle, Title)

PEREZ-EGUREN , RAFAEL

- OR -

Entity Name to serve as Officer/Director

Street Address

12800 SW 104 TER.

City, State

MIAMI

, FL

Zip Code & Country

33186

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Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue.

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