

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90096 013 \*\*\*150.00

**DOCUMENT # P99000065081**

1. Entity Name

**SHELLA TRAVEL ADVISOR, INC.**



Principal Place of Business

**6850 CORAL WAY  
406  
MIAMI FL 33155**

Mailing Address

**8857 S.W. 12TH ST  
MIAMI FL 33174**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI FL**

Zip

Country

Zip  
**33155**

Country

**U.S.**

4. FEI Number

**65-0937911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GIRO, ALFREDO C  
8857 S.W. 12TH ST  
MIAMI FL 33174**

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 **ALFREDO C GIRO**

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

(NOTE: Registered Agent signature required when reinstating)

**SEP/09/03**  
DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GIRO, SHELLA D**  
STREET ADDRESS **8857 S.W. 12TH ST**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **SD** ☐ Delete  
NAME **GIRO, SHELLA C**  
STREET ADDRESS **8857 S.W. 12TH ST**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALFREDO C GIRO**

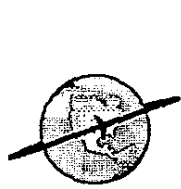
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SEP-09-03 (30) 6694800**

Date Daytime Phone #

0098925 AV

CR2E034 (4/03)



*Attachment*  
Shella Travel Advisor

*80147288*  
*# P99000065081*  
Tuesday, September 09, 2003

Annual Report Section  
Tallahassee Fl

Dear Sirs or Madams

I will like to request a waiver for the late fee on the Uniform Business Report because the first notice was not delivered to us at our mailing address.  
I you need to contact us, please do so at 305 669 4800.

Sincerely

*Shella B Giro*  
Shella Giro  
Manager