

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069547

Entity Name
O.O. TRAVEL IMPORT & EXPORT, CORP.

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90055 008 ***150.00

Principal Place of Business
S.W. 69TH TERRACE
FL 33173

Mailing Address
10605 S.W. 69TH TERRACE
MIAMI FL 33173-1386



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0939326

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLIVA, ORLANDO A
10605 S.W. 69TH TERRACE
MIAMI FL 33173

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D OLIVA, ORLANDO A 10605 S.W. 69TH TERRACE MIAMI FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D RODRIGUEZ, MARGARITA R 10605 S.W. 69TH TERRACE MIAMI FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D RODRIGUEZ, MARGARITA M 10605 S.W. 69TH TERRACE MIAMI FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Date: 05/01/00 Daytime Phone #: (305) 270-0836