

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90474 034 ***150.00

DOCUMENT # P99000075342

1. Entity Name

TRAVEL FOR LE \$\$, INC.

DO NOT WRITE IN THIS SPACE

866617

2. Principal Place of Business

4132 SW 61 AV.

Suite, Apt. #, etc.

3. Mailing Address

4132 SW 61 AV.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0940731

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARTURO REYNOSO

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

4132 SW 61 AV.

City

MIAMI

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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

1/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P, S, D ARTURO REYNOSO 4132 SW 61 AV. MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTURO REYNOSO

Date

1/30/02

Daytime Phone #

(305) 662-6602

2696

BAL.
BROT
FORD

DATE 01-28-2002

TO F.P.L.

FOR ACH 4682278132

TAX
DEDUCTIBLE ☐

TOTAL

THIS
CHECKOTHER
TRANS. +/-

BALANCE

DEPOSITS

121.23

Attachment
866617#P990000753
4
2

2697

DATE 01-30-02

TO Dept of State

FOR Corporation Renewal

Doc # P990000

75342

TAX
DEDUCTIBLE ☐

TOTAL

THIS
CHECKOTHER
TRANS. +/-

BALANCE

DEPOSITS

150.00

2698

DATE 01-30-2002

TO OSHA Report

FOR ACH

6011-5656

100 4850

TAX
DEDUCTIBLE ☐

TOTAL

THIS
CHECKOTHER
TRANS. +/-

BALANCE

DEPOSITS

100.33



Attachment
866617

#P 990000 75342
MAY 06, 2002

DEPT OF STATE
DOC:99000075342

AS PER OUR TELEPHONE CONVERSATION, I AM RESENDING YOU THE
CHECK LOST ON THE MAIL FOR THE RENEWAL OF THE CORPORATION.

ATTACHED TO THE CHECK THERE IS A CHECK STAB FROM THE LOST
CHECK.

IF YOU NEED ADDITIONAL INFORMATION, PLEASE DO NOT HESITATE TO
CONTACT ME AT (305) 662-6602

SINCERELY YOURS,

ARTURO REYNOSO