

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90178 012 ***150.00

DOCUMENT # P99000098265

1. Entity Name
TRAVELYA!.COM, INC.

Principal Place of Business

**1680 MICHIGAN AVENUE
 MIAMI BEACH FL 33139**

Mailing Address

**1680 MICHIGAN AVENUE
 MIAMI BEACH FL 33139**

2. Principal Place of Business

1680 MICHIGAN AVENUE

3. Mailing Address

1680 MICHIGAN AVENUE

Suite, Apt. #, etc.

801

Suite, Apt. #, etc.

801

City & State

MIAMI BEACH, FL 33139

City & State

MIAMI BEACH, FL

4. FEI Number

65-0967393

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
 2 SOUTH BISCAYNE BLVD.
 ONE BISCAYNE TOWER, SUITE 3400
 MIAMI FL 33131**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **PCEO** ☐ Delete
 NAME **TORBAR, ESTEBAN J**
 STREET ADDRESS **1680 MICHIGAN AVE., #801**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
 NAME **KIM, BRIAN**
 STREET ADDRESS **399 PARK AVENUE., 7TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10043**

TITLE **D** ☐ Delete
 NAME **CUMMINS, ANDREW H**
 STREET ADDRESS **ONE MARITIME PLAZA., #1475**
 CITY-ST-ZIP **SAN FRANCISCO CA 94111**

TITLE **VSD** ☐ Delete
 NAME **SERRANO, FEDERICO**
 STREET ADDRESS **1680 MICHIGAN AVE., #801**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
 NAME **PANCHEE, NIDA**
 STREET ADDRESS **399 PARK AVENUE., 7TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10043**

TITLE **D** ☐ Delete
 NAME **DE OLIVEIRA BARROS, LUIS**
 STREET ADDRESS **2 S. BISCAYNE BLVD., SUITE 3400**
 CITY-ST-ZIP **MIAMI FL 33131**

12. 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
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 CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-02

Date

305 672 9990

Daytime Phone #

EX 100

CR2E034 (9/01)