

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110634

1. Entity Name

TRAVEL ONE SERVICES, INC.

FILED

Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90172 023 ***150.00

Principal Place of Business

7950 NW 53RD ST
MIAMI FL 33166

Mailing Address

7950 NW 53RD ST
MIAMI FL 33166

2. Principal Place of Business

8300 SW 8 ST

3. Mailing Address

8300 SW 8 ST

Suite, Apt. #, etc.

SUITE 304

Suite, Apt. #, etc.

SUITE 304

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

59-3648333

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, RAFAEL
7950 NW 53RD ST
MIAMI FL 33166

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PRESIDENT	<input type="checkbox"/> Delete
NAME	HECTOR PINZON	
STREET ADDRESS	8300 SW 8 ST, STE 304	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	ALEJANDRO CORTES	
STREET ADDRESS	8300 SW 8 ST, STE 304	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	SEC. TREAS.	<input type="checkbox"/> Delete
NAME	RAFAEL CARDENAS	
STREET ADDRESS	7950 NW 53 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Travel One Services, Inc.

8300 S.W. 8th Street, Suite 304 • Miami, Florida 33144
Tel.: (305) 267-1998 • (800) 570-4331 • Fax: (305) 264-2526
E-mail: trvlone@bellsouth.net

Attachment
DT# P99000110634
DUU: 69095

July 6, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
Attn: Wendy D.

RE: Document #P99000110634

Dear Wendy:

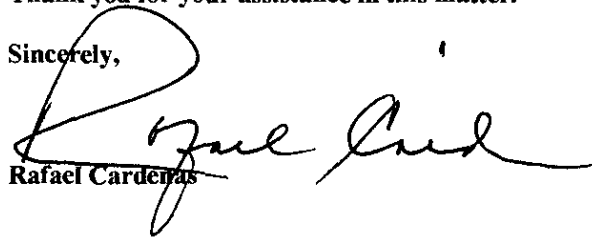
Per our telephone conversation yesterday afternoon, I will reiterate that the original document 2000 Uniform Business Report (UBR), was mailed to an incorrect address and was never received by our office. Consequently we were unable to return the application form by the due date.

Therefore, enclosed you will find the completed (UBR) and our check number 1110, in the amount of \$150.00, to cover the cost of processing this form.

Please note that we have indicated the correct business information on the UBR form.

Thank you for your assistance in this matter.

Sincerely,


Rafael Cardenas