

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36275

1. Entity Name

VIA TRAVEL TOURS WHOLESALAS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90091 038 ***150.00

Principal Place of Business
MADEIRA
 106 MADIRA AVE
 CORAL GABLES FL 33134
 US

Mailing Address
 P.O BOX 14-5441
 CORAL GABLES FL 33114-5441
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0246752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ASTRID

801 W 49TH ST

SUITE 109

N MIAMI BEACH FL 33160

106 MADEIRA AVE
 CORAL GABLES, FL
 33134

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PST
 RODRIGUEZ, ASTRID
 3819 NE 108 ST
 N MIAMI FL

1750 SW 13TH AVE
 MIAMI, FL 33145

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 RODRIGUEZ, ASTRID
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 N MIAMI FL

1750 SW 13TH AVE
 MIAMI, FL 33145

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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 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

2/24/00

(305) 710-7251

Date

Daytime Phone #

CR2E034 (9/99)