

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90014 040 ***150.00

DOCUMENT # S36275

1. Entity Name

VIA TRAVEL TOURS WHOLESALERS, INC.

Principal Place of Business

106 MADIRA AVE
 CORAL GABLES FL 33134
 US

Mailing Address

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

2. Principal Place of Business

2423 GALLIANO ST.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Coral Gables, FL

City & State

4. FEI Number 65-0246752

Applied For

Not Applicable

Zip
 33134

Country
 U.S.A

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

Name

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

1750 SW 13TH AVE

City Miami, FL

FL

Zip 33145

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 retesting)

DATE

ASTRID RODRIGUEZ

2/3/01

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, 2001 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 ☐ Delete
 NAME PST
 STREET ADDRESS RODRIGUEZ, ASTRID
 CITY-ST-ZIP 3819 NE 166 ST 1750 SW 13TH AVE
 N MIAMI FL MIAMI, FL 33145

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RODRIGUEZ, ASTRID
 CITY-ST-ZIP 3819 NE 166 ST 1750 SW 13TH AVE
 N MIAMI FL MIAMI, FL 33145

TITLE ☐ Change ☐ Addition
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 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 #

ep/00

(305) 710-7251

CR2E034 (10/00)