2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # \$73827 May 22, 2000 8:00 am Secretary of State QUICK TRAVEL, INC. 05-22-2000 90129 011 ***150.00 Principal Place of Business Mailing Address 983 N NOB HILL RD 983 N NOB HILL RD PLANTATION FL 33324-1079 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0280085 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PABLO MARULANDA MARULANDA A., CARLOS Street Address (P.O. Box Number is Not Acceptable) 983 N. NobHill Rd. 983 N NOB HILL RD PLANTATION FL 33324 City Plantation, he purpose of changing its registered office or registered agent, or both, in the State of Florida The above name SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DO Delete TITLE Change Addition TITLE MARULANDA, CARLOS A NAME NAME STREET ADDRESS 983 N NOB HILL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MARULANDA, P.A. NAME NAME STREET ADDRESS STREET ADDRESS 983 N NOB HILL RD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☐ Addition TITLE TITLE Delete MARULANDA, CESAR A NAME NAME STREET ADDRESS STREET ADDRESS 983 N NOB HILL RD CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FK 33324** Change Addition TITLE Delete MARULANDA, EDGAR A NAME STREET ADDRESS STREET ADDRESS 983 N NOB HILL RD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Change ☐ Delete Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7!P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 have the same legal effect as if made under oath; that I am an officer or director larger 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this repr changed, or on an attachment with an address, with all other like empower