2001 UNIFORM BUSINESS REPORT (UBR)

0617724

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90080 014 ***150.00

DOCUMENT # S93127

1. Entity Name
LA MONEDA TRAVEL AGENCY INC.

Principal Place of Business	Mailing Address
1390 BRICKELL AVENUE LOBBY SUITE 911 MIAMI FL 33131	1390 BRICKELL AVENUE LOBBY SUITE 911 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9260 Sunset Dr		9260 Sunset Dr	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State Miami, FL		City & State Miami, Fl	
Zip 33173	Country USA	Zip 33173	Country USA

4. FEI Number 65-0295873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROSO, JACQUELINE M
12354 NW 11 LANE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name Zoila Miranda-Borja
Street Address (P.O. Box Number is Not Acceptable)
1115 NW 126 PL
City Miami FL Zip Code 33182

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] Zoila M. Borja 3/30/01
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, 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	PST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANIADO, MARIA ISABEL	NAME	
STREET ADDRESS	9260 SUNSET DRIVE STE 101	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANIADO, MARIA ISABEL	NAME	
STREET ADDRESS	1390 BRICKELL AVE LOBBY	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: x [signature] 3/30/01 (305)2708909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #