

2000 UNIFORM BUSINESS REPORT (UBR)

1

FILED
May 02, 2000 8:00 am
Secretary of State
 01-20-2000 90248 033 ***150.00

DOCUMENT # V46227

1. Entity Name

GRANWAYS TRAVEL, INC.

Principal Place of Business

1650 SANDLAKE RD
 STE 265
 ORLANDO FL 32809
 US

Mailing Address

1650 SANDLAKE RD
 STE 265
 ORLANDO FL 32809-9143
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0343623

Applied For

Not Applicable

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

SANTOS, MAURO C.
 25 SE 2ND AVE
 SUITE 740
 MIAMI FL 33131

Name

ROBERTA C. ANTUNES

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

1650 SAND LAKE ROAD #265

City

ORLANDO

FL

Zip Code

32809

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

Roberto Santos

Signature, typed or printed name of registered agent and date 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 **D** ☐ Delete
 NAME **TEIXEIRA, MANUEL**
 STREET ADDRESS **ESTRADA DE GAVEA 611**
 CITY-ST-ZIP **RIO DE JANEIRO, BRAZ**

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

TITLE **D** ☐ Delete
 NAME **TEIXEIRA, MARIA VIRGINIA**
 STREET ADDRESS **ESTRADA DE GAVEA 611**
 CITY-ST-ZIP **RIO DE JANEIRO, BRAZ**

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

TITLE **D** ☒ Delete
 NAME **MOTTA, MARINUS**
 STREET ADDRESS **RUI URUGUAI 533 APT 203**
 CITY-ST-ZIP **TIJUCA, R.J. BRAZIL**

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

TITLE **D** ☒ Delete
 NAME **MOTTA, IRENE**
 STREET ADDRESS **RUI URUGUAI 533 APT 203**
 CITY-ST-ZIP **TIJUCA, R.J. BRAZIL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000

Date

407-

Daytime Phone #

CR2E034 (9/99)