

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F33774

FILED
Sep 12, 2002
Secretary of State

Entity Name: ISLAND QUEEN SIGHTSEEING TOURS, INC.

Current Principal Place of Business:

401 BISCAYNE BLVD.
DOCK SLIP 2 MIAMARINA
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

555 NE 15 ST
#102
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 59-2093575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOFGE, CHARLES
555 NE 15 ST
#102
MIAMI, FL 33132

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SOFGE, CHARLES E,
Address: 555 NE 15 ST #29A
City-St-Zip: MIAMI, FL 33132

Title: DV () Delete
Name: SOFGE, FLORA,
Address: 17094 SHETLAND LANE
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SOFGE, CHARLES E,
Address: 114 W SAN MARINO DR.
City-St-Zip: MIAMI, FL 33132

Title: DV (X) Change () Addition
Name: SOFGE, FLORA,
Address: 14708 STIRRUP LANE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SOFGE

DP

09/12/2002

Electronic Signature of Signing Officer or Director

_____ Date