

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jun 12, 2001 8:00 am
Secretary of State**

06-12-2001 90002 045 ***550.00

DOCUMENT # P00000090296

1. Entity Name
SALUTE USA TOUR, CORP.

Principal Place of Business

Mailing Address

**4867 CHALFONT DR.
ORLANDO FL 32837**

**4867 CHALFONT DR.
ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

7802 KINGSPONTE PARKWAY same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 104

SUITE 104

City & State

City & State

ORLANDO FL

ORLANDO, FL

Zip

Country

Zip

Country

32819 USA

32819 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3672181

Applied F

Not Applic

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

**ORTIZ, WILFRED
4867 CHALFONT DR.
ORLANDO FL 32837**

Name
Eduardo H. DUARTE

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

7802 KINGSPONTE PARKWAY

SUITE 104

City **ORLANDO FL 32819**

FL

Zip Code

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 reinstating)

DATE

[Handwritten Signature]

6-5-01

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 Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D HENRIQUE DUARTE, EDUARDO**
STREET ADDRESS **4867 CHALFONT DR.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Change Ad
NAME **TREASURER**
STREET ADDRESS **7802 KINGSPONTE PARKWAY**
CITY-ST-ZIP **SUITE 104 ORLANDO FL 32819**

TITLE Delete
NAME **D HENRIQUE RUGGIERO, PAULO**
STREET ADDRESS **4867 CHALFONT DR.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Change Ad
NAME **PRESIDENT**
STREET ADDRESS **7802 KINGSPONTE PARKWAY**
CITY-ST-ZIP **SUITE 104 ORLANDO FL 32819**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Ad
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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 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

[Handwritten Signature]

Date

Daytime Phone #

6/5/01 407.345.133