

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108354

1. Entity Name

BRAZILIAN NETWORK TOURS, INC.

01-17-2002 90002 021 ***150.00

P01000108354

FILED

03 JAN 16 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 SE 1ST STREET #506
MIAMI FL 33131

200 SE 1ST STREET #506
MIAMI FL 33131

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

65-1151862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

02

6. Name and Address of Current Registered Agent

GALDI, ROSALIA
200 SE 1ST STREET #506
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALDI, ROSALIA 200 SE 1ST STREET #506 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11/11/2002

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 16 2002 3053721314



Gutta, Koutoulas & Associates, CPA's, LLC.

8211 W. Broward Blvd., Suite 350

Plantation, Florida 33324

Phone: (954) 452-8813 • Fax: (954) 452-8359

Web Site: www.gkcpas.com

January 8, 2003

Division of Corporations
Attention: Barbara Mitchell
P.O. Box 6327
Tallahassee, FL 32314

Re: Brazilian Network Tours, Inc.
Ref. Number: P01000108354

Dear Ms. Mitchell:

Attached is the corrected 2002 Uniform Business Report for Brazilian Network Tours, Inc. We have inserted the Company's Federal Identification Number as requested.

We request that the \$600.00 reinstatement fee be waived because the Company did not receive the Department's letter dated January 22, 2002.

If you have any further questions regarding this filing or need any additional information, please contact me at 954-452-8813.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gregory J. Koutoulas'.

Gregory J. Koutoulas, CPA

Enclosures: