

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

0100906 AV

**DOCUMENT # P95000010164**

**1. Entity Name**  
**KHARINA'S TOURS, INC.**

04-21-2002 90878 002 \*\*\*150.00

**KHARINAS TOURS, Inc.**      **KHARINAS TOURS, Inc.**  
 1911 Morning Drive      1911 Morning Drive  
 Orlando, Florida 32809      Orlando, Florida 32809



**2. Principal Place of Business**      **3. Mailing Address**  
1911 Morning Drive      1911 Morning Drive  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

|   |         |   |                       |  |   |
|---|---------|---|-----------------------|--|---|
| City & State<br><u>Orlando, Florida</u> |         | City & State<br><u>Orlando, Florida</u> |                       | 4. FEI Number<br><b>59-3291327</b>                           | Applied For<br><input type="checkbox"/> |
| Zip<br><u>32809</u>                     | Country | Zip<br><u>32809</u>                     | Country<br><u>USA</u> | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b>                    |  |  | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| <b>CAMPANA, ALEJANDRO</b><br>1911 Morning Drive<br>Orlando, Florida 32809 |  |  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)  **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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>PSD</u><br><u>CAMPANA, ALEJANDRO</u><br><u>1911 Morning Drive</u><br><u>Orlando, Florida 32809</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>VTD</u><br><u>CAMPANA, SERGIO</u><br><u>1911 Morning Drive</u><br><u>Orlando, Florida 32809</u>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

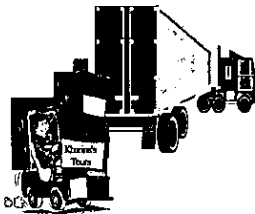
**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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]      1/29/02      407/850-9855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

833550

Attachment # P95000010164



We Are Moving!!!  
Nos Mudamos!!!

Effective July-15-01, **KHARINAS TOURS, Inc**  
Will be moving to our new building conveniently  
located at Florida Mall Area.

**Please make a note of our new address:**

1911 Morning Drive  
Orlando, Florida 32809  
Telephone 407-850-9055  
Fax 407-850-9232  
Email: [kharinas@kharinas.com](mailto:kharinas@kharinas.com)

