2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000012045 DOCUMENT

1. Entity Name

TOURISM SOLUTIONS, INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90125 003 ***150.00

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L						O WE TH					
Principal Place of Business 19495 BISCAYNE BLVD STE 804			Mailing Address 19495 BISCAYNE BLVD STE 804						د ا د د ام		
MIAMI FL 33	3180		MIA	MI FL 33180							
2. Principal Place of Business				3. Mailing Address							
7951 S.W. 6th St. Suite, Apt. #, etc.				7951 S.W. 6th St.							
Suite 216				Suite, Apt. #, etc. Suite 216				CHECK HERE IS	MAKING	CHANGE	ES
City & State				City & State				4. FEI Number or 0077000			Applied For
Plan Zip	<u>itation</u>	FL		<u>lantation</u>	FL			4. FET Normber 65-0677089			Not Applicable
3332	4	Country USA	Zip	33324	Cour	•		5. Certificate of Status Desired		\$8.75 A	dditional
		nd Address of Current R	egister	SSSZ4 ed Agent	<u></u>	USA	7	7. Name and Address of New Re		Fee Requi	ired
						Name					
FARBER,				Street Address			ess (P.O	D. Box Number is Not Acceptable)			
	WPORT LANE					- Cardot Addit	O. 1) 885	- Box Nortiber is Not Acceptable)			
PARKLAN	ID FL 33067										
						City	_		FL	Zip Co	ode
8. The above	named entity s	submits this statement for t	he purp	oose of changing its	registere	ed office or rea	istered	agent, or both, in the State of Florid	da Lam fa	amiliar with	h and secont
the obligat	tions of register	ed agent.			•			and a many in the entire of the	sa. raini	THING! WILL	і, апо ассері
SIGNATURE	-										
		printed name of registered agent and	f title if app	olicable. (NOTE	: Registered	d Agent signature rec	quired whe	n reinstating)	DATE		
		FEE IS \$150.00						O Florida O	-		
Aπei	r May 1, 2003 k Pavable to F	Fee will be \$550.00 lorida Department of S	toto	}				 Election Campaign Finar Trust Fund Contribution. 	ncing 🗆		. 00 May Be ed to Fees
10.		OFFICERS AND DI		500		<u>.</u>					· · · · · ·
TITLE	D	OFFICERS AND DI	HECTO		11.			ADDITIONS/CHANGES TO OFFIC			
NAME	FARBER, AL	ISA		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	7710 NEWP					ET ADDRESS					ì
CITY-ST-ZÍP	PARKLAND	FL 33067			CITY-	ST-ZIP					
TITLE NAME	D	1051		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	GROSSMAN	, JUEL I STREET UNIT 1505			NAME						
CITY-ST-ZIP	MIAMI FL 33					ET AODRESS ST-ZIP]
TITLE	Р				TITLE						
	GROSSMAN,				NAME	4		المراجع مصافحات المراجع فيستاح		Change	Addition
		STREET UNIT 1505				T ADDRESS					
	MIAMI FL 33	180			CITY-	ST-ZIP					
TITLE NAME				Delete	TITLE					☐ Change	Addition
STREET ADDRESS			•		NAME STREET	T ADDRESS					
CITY-ST-ZIP					CITY-S	1					
TITLE	<u> </u>			☐ Delete	TITLE					Change	Addition
NAME					NAME				L	Change	L.J Addition
STREET ADDRESS					STREET	T ADDRESS					}
CITY-ST-ZIP					CITY-S	ST-ZIP		,			-
TITLE NAME				☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS					NAME	ADDDECC					ĺ
CITY-ST-ZIP		_		•	CITY-S	ADDRESS IT-ZIP					
12. I hereby ce	ertify that the inf	of mation supplied with this	s filina c	loes not qualify for the			Section	110.07/3\(\dagger) Elected Occur.			

Thereby certify that the hifolination supplied with this filling 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 10 or Block 11 if

GNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE: