2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90062 048 ***150.00

DOCUMENT # P98000025304

1. Entity Name
LICCIA TOURS, INC.

Principal Place of Business	Mailing Address
~~14866 S.W. 72ND TERRACE~~ ~~MIAMI FL 33193~~	~~14866 S.W. 72ND TERRACE~~ ~~MIAMI FL 33193-1154~~

2. Principal Place of Business	3. Mailing Address
16190 NW 14 STREET	4315 N.W 7TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. #51
City & State PEMBROKE PINES, FL	City & State MIAMI, FLORIDA
Zip 33194 / Country U.S.A	Zip 33126 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0811934 — Applied For / Not Applicable

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
LOPEZ, CARMEN A ~~14866 S.W. 72ND TERRACE~~ ~~MIAMI FL 33193~~	Name CARMEN A. LOPEZ Street Address (P.O. Box Number is Not Acceptable) 16190 N.W 14 STREET City PEMBROKE PINES FL Zip Code 33194

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 X
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, CARMEN A ~~14866 S.W. 72ND TERRACE~~ ~~MIAMI FL 33193~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, CARMEN A 16190 N.W 14 STREET PEMBROKE PINES, FL 33194 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X (PRESIDENT) 02/07/2000 (305) 582-1968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARMEN A. LOPEZ

CR2E034 (9/99)