

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0143739

03-29-2001 90379 043 ***150.00

DOCUMENT # P98000025304
 1. Entity Name
LICCIA TOURS, INC.

Principal Place of Business 16190 NW 14TH ST - PEMBROKE PINES FL 33194 -	Mailing Address 4315 NW 7TH ST #51 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4650 NW 6 STREET	3. Mailing Address
Suite, Apt. #, etc. # 201	Suite, Apt. #, etc.
City & State MIAMI - FLORIDA	City & State

4. FEI Number 65-0811934	Applied For <input type="checkbox"/> Not Applicable
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Zip 33126	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LOPEZ, CARMEN A
16190 NW 14TH ST
PEMBROKE PINES FL 33194

7. Name and Address of New Registered Agent

Name **LOPEZ, CARMEN A.**
 Street Address (P.O. Box Number is Not Acceptable)
4650 NW 6 STREET
#201
 City **MIAMI** FL Zip Code **33126**

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]* (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, 2001 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 16190 NW 14TH ST PEMBROKE PINES FL 33193 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 **CARMEN A. LOPEZ**

SIGNATURE: *[Signature]* **PRESIDENT** Date 03/29/01 (304) 582-1908

CR2E034 (10/00)