

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90055 034 \*\*\*150.00

**DOCUMENT # S19594**

1. Entity Name

**ZALEX INTERNATIONAL TOURS, INC.**

Principal Place of Business

Mailing Address

444 BRICKELL AVE  
 STE P-24  
 MIAMI FL 33131  
 US

444 BRICKELL AVE  
 STE P-24  
 MIAMI FL 33131-2467  
 US

2. Principal Place of Business

**831 WASHINGTON Ave**

3. Mailing Address

**831 WASHINGTON Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

4. FEI Number **65-0237478**

Applied For  
 Not Applicable

Zip  
**33139**

Country  
**MIAMI-DADE**

Zip  
**33139**

Country  
**MIAMI DADE**

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

**BAGGIO, JOSE A. M.**  
**444 BRICKELL AVE**  
**STE P-24**  
**MIAMI FL 33131**

Name **BAGGIO, JOSE A. M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**831 WASHINGTON Ave**  
 City **MIAMI BEACH** FL Zip Code **33139**

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 *Jose A. M. Baggio*

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	PD	<input type="checkbox"/> Delete
NAME	BAGGIO, JOSE A. M.	
STREET ADDRESS	444 BRICKELL AVE #P-24	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGGIO, VERA REGINA F.	
STREET ADDRESS	444 BRICKELL AVE #P-24	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGIO, JOSE A. M.	
STREET ADDRESS	831 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGIO, VERA REGINA F.	
STREET ADDRESS	831 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the like empowered.

SIGNATURE:

*Jose A. M. Baggio* **JOSE A. M. BAGGIO Pres. Feb 18, 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)