

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90064 049 ***150.00

DOCUMENT # V20346

1. Entity Name

ALTURA TOURS INC.

Principal Place of Business

C/O JULIAN HERNANDEZ **DIEGO LINARES**
 1150 NW 72ND AVE., SUITE 307
 MIAMI FL 33126
 US

Mailing Address

C/O JULIAN HERNANDEZ **DIEGO LINARES**
 1150 NW 72ND AVE., SUITE 307
 MIAMI FL 33126-1920
 US

2. Principal Place of Business

7270 NW 12ST
 Suite, Apt. #, etc. **STE 545**

3. Mailing Address

7270 NW 12ST
 Suite, Apt. #, etc. **STE 545**

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip **33126**

Country

Zip

33126

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0317222

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

LINARES, DIEGO
7270 NW 12TH ST, STE 545
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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** ☐ Delete
 NAME **LINARES, DIEGO**
 STREET ADDRESS **7270 NW 12 ST, STE 545**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TSD** ☐ Delete
 NAME **LINARES, IVONNE**
 STREET ADDRESS **7270 NW 12 ST, STE 545**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE: **SIGNATURE: DIEGO LINARES**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 **(305) 470-9774**
 Date Daytime Phone #

CR2E034 (9/99)