

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90102 023 ***150.00

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DOCUMENT # P97000076912

1. Entity Name
ALVATOUR TRAVEL & SERVICES, CORP.



Principal Place of Business
**4624 N. FEDERAL HWY
MAIN STREET PLAZA
LIGHTHOUSE POINT FL 33064
US**

Mailing Address
**4624 N. FEDERAL HWY
MAIN STREET PLAZA
LIGHTHOUSE POINT FL 33064
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0775605**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAIDE, ALVANIA V
8145 BOCA RIO DR
BOCA RATON FL 33433-8321**

Name
SAIDE, ALVANIA VIVIANE
Street Address (P.O. Box Number is Not Acceptable)
4624 NORTH FEDERAL HIGHWAY
City **LIGHTHOUSE POINT** FL Zip Code **33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALVANIA VIVIANE SAIDE** **04/07/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAIDE, ALVANIA V	
STREET ADDRESS	8145 BOCA RIO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433-8321	
TITLE	M	<input type="checkbox"/> Delete
NAME	FIALHO, CARLA V	
STREET ADDRESS	8145 BOCA RIO DR	
CITY-ST-ZIP	BOCA RATON FL 33433-8321	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIDE, ALVANIA VIVIANE	
STREET ADDRESS	3713 WOODFIELD DR	
CITY-ST-ZIP	COCONUT CREEK, FL 33064	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIALHO, CARLA V.	
STREET ADDRESS	737 SE 1st WAY #210	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alvania V. Saide*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVANIA V. SAIDE 04/07/2003

Date Daytime Phone #

CR2E034 (10/02)