2002 UNIFORM BUSINESS REPORT (UBR)

Sep 19, 2002 8:00 am Secretary of State DOCUMENT # 351160 1. Entity Name 09-19-2002 90162 044 ***550.00 C.L. HOECHNER-OVERSEAS TOURS, INC. Principal Place of Business Mailing Address UULUU---16701-S-W-92ND-AVE-16701 S.W. 92 AVE. MIAMI FL 33157-3410 MIAMI FL 33157-3410 2. Principal Place of Business 3. Mailing Address 16620 6620 5W 91 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1282092 MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired usa 33/5 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARL CHRISTIAN HOECHNER Street Address (P.O. Box Number is Not Acceptable) 16620 SW 91 AVE MIAMI FL 33157 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T!TI F ☐ Delete ☐ Change Addition NAME HOECHNER, CARL CHRISTIAN NAME STREET ADDRESS 16641 SW 92ND AVENUE STREET ADDRESS CITY-ST-7iP MIAMI, FL 00000 33157 CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE Change Addition KELLER, ALICIA H NAME NAME STREET ADDRESS 16641 SW 92 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 33157 CITY-ST-ZIP TITLE Delete TÍTÎ F ☐ Change Addition NAME MANKA, DIONNA-NAME STREET ADDRESS 10641-SW-92-AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing down no 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 of 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

SIGNATURE:

changed, or on an attachment with ag

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