

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 434233

1. Entity Name

INTERNATIONAL TOURIST REPRESENTATIVES, INC. ✓

Principal Place of Business

2540 NW 72 AVE 1950 NW 88th COURT  
MIAMI FL 33122 33172  
US

Mailing Address

2540 NW 72 AVE 1950 NW 88th COURT  
MIAMI FL 33122 33172  
US

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 10:51



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1950 NW 88th COURT

3. Mailing Address

1950 NW 88th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

59-1496781

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

DIELINGEN, ANDRES  
3540 NW 72ND AVE  
MIAMI FL 33122

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 PDS ☐ Delete  
NAME DIELINGEN, ANDRES  
STREET ADDRESS 3540 NW 72ND AVE 1950 NW 88th CT  
CITY-ST-ZIP MIAMI FL 33122 33172

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

TITLE VPT ☐ Delete  
NAME DIELINGEN, MARIANELLA  
STREET ADDRESS 3540 NW 72ND AVE 1950 NW 88th COURT  
CITY-ST-ZIP MIAMI FL 33122 33172

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/00

(305) 599 8878  
Daytime Phone #

CR2E034 (5/00)