

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90090 030 ***150.00

DOCUMENT # 610148

1. Entity Name
MAP TOURS, INC.



Principal Place of Business
**7760-A N. KENDALL DR
MIAMI FL 33156**

Mailing Address
**7760-A N. KENDALL DR
MIAMI FL 33156**

2. Principal Place of Business
7760-A N. KENDALL DR
Suite, Apt. #, etc.

3. Mailing Address
7760-A N. KENDALL DR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL
Zip
33156
Country
USA

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MIAMI, FL
Zip
33156
Country
USA

4. FEI Number **65-0034420**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PASSAFIUME, MARY A CTC
8963 SW 112 PLACE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **MARY ANN PASSAFIUME CTC**
Street Address (P.O. Box Number is Not Acceptable)
8963 SW 112 PLACE
GLADEWILDS
City **MIAMI, FL** Zip Code **33176**

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

Mary Ann Passafiume, CTC
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 **P** ☐ Delete
NAME **PASSAFIUME, MARY ANN**
STREET ADDRESS **8963 SW 112 PLACE**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **VP** ☐ Delete
NAME **AMIS, MICHAEL**
STREET ADDRESS **191 OAK RIDGE TRAIL**
CITY-ST-ZIP **FAYETTEVILLE GA 30214**

TITLE ☒ Change ☐ Addition
NAME **PASSAFIUME, MARY ANN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **AMIS, MICHELE**
STREET ADDRESS **191 OAK RIDGE TRAIL**
CITY-ST-ZIP **FAYETTEVILLE GA 30214**

TITLE ☒ Change ☐ Addition
NAME **PASSAFIUME, MARY ANN**
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
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mary Ann Passafiume, CTC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03
Date

305 2710600
Daytime Phone #

CR2E034 (10/02)