2001 UNIFORM BUSINESS REPORT (UBR)

Jun 15, 2001 8:00 am Secretary of State **DOCUMENT # 663311** 1. Entity Name_ · * 06-15-2001 90170 030 ***150.00 POLVANI TOURS, INC. Principal Place of Business Mailing Address 2390 S. DIXIE HIGHWAY 2380 S. DIXIE HIGHWAY AUU73421 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2207637 Not Applicable Zio Country Zip Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, L STELLA Street Address (P.O. Box Number is Not Acceptable) 1823 SW 18TH AVE **MIAMI FL 33145** City Zip Code his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees -(See criteria on back) Make Check Payable to Department of Stato OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ■ Addition CR2E034 (10/00 TITLE TITLE ☐ Delete POLVANI, ANNUNZIATA NAME NAME STREET ADDRESS VIA LUDOVIS, 16 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROME, ITALY ☐ Chance ☐ Addition TITLE ☐ Delete MARTINEZ, LUZ S NAME STREET ADDRESS 1823 SW 18TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI-FL 33145. CITY-ST-ZIP S BPRACADINI FRANCOSCO ☐ Addition TITLE TITLE NAME Bringroini, Iancesco STREET ADDRESS VIA LUDOVIS, 16_ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROME, ITALTY TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete (Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with his 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the corporation or the corporation or the corporation or the corporation of th accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director 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 attach all other like empowered. SIGNATURE:



Affachment A0073424

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 31, 2001

POLVANI TOURS, INC. 2380 S. DIXIE HIGHWAY COCONUT GROVE, FL 33133

Subject: POLVANI TOURS, INC.

Reference 663311 Number:
Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):
Please sign and return your check submitted with the annual report/uniform business report.
TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

/nm

ANNUAL REPORTS SECTION

Division of Corporations at (850) 488-9000.

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If you have additional questions or need further assistance, please call the