

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851383

1. Entity Name

GOGO TOURS, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90137 023 \*\*\*150.00

Principal Place of Business

69 SPRING STREET  
RAMSEY NJ 07446-7507

Mailing Address

69 SPRING STREET  
RAMSEY NJ 07446-7507

00040823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 11-2009838

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAROCHE, GILBERT	
STREET ADDRESS	69 SPRING ST.	
CITY-ST-ZIP	RAMSEY NJ	
TITLE	T S	<input type="checkbox"/> Delete
NAME	COWLAN, RICHARD	
STREET ADDRESS	69 SPRING ST.	
CITY-ST-ZIP	RAMSEY NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KASSNER, MICHELLE	
STREET ADDRESS	69 SPRING ST	
CITY-ST-ZIP	RAMSEY NJ 07446	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASSNER, GERDA	
STREET ADDRESS	64 SPRING ST	
CITY-ST-ZIP	RAMSEY NJ 07446	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEITELBAUM, ELLEN	
STREET ADDRESS	69 SPRING ST	
CITY-ST-ZIP	RAMSEY NJ 07446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDENE, CHARLENE	
STREET ADDRESS	69 SPRING ST	
CITY-ST-ZIP	RAMSEY NJ 07446	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRE HAROCHE	
STREET ADDRESS	69 SPRING ST	
CITY-ST-ZIP	RAMSEY NJ 07446	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLENE HAROCHE	
STREET ADDRESS	69 SPRING ST	
CITY-ST-ZIP	RAMSEY NJ 07446	

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

RICHARD COWLAN

Date

4/20/01

Daytime Phone #

(201) 934-3500

CR2E034 (10/00)