

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90068 012 ***158.75

0216363 AV

DOCUMENT # F00000004540

1. Entity Name

TOUR DE LAS AMERICAS LIMITED INC.

Principal Place of Business

**2801 PONCE DE LEON BLVD
 SUITE 400
 CORAL GABLES FL 33134**

Mailing Address

**2801 PONCE DE LEON BLVD
 SUITE 400
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1023668

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

**ANDREW SERVICE CORPORATION OF FLORIDA
 201 SOUTH BICAYNE BLVD., SUITE 2900
 MIAMI FL 33131**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
 NAME **O'BRIEN, SEAMUS**
 STREET ADDRESS **20 TAK FUNG ST., ROOM 1543 HARBOUR PLAZA**
 CITY-ST-ZIP **HUNG HOM, KOWLOON, HONG KONG**

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

TITLE **VD** ☐ Delete
 NAME **MORGAN, ANTHONY**
 STREET ADDRESS **28 BELLEVIEW DRIVE, 20TH FLOOR**
 CITY-ST-ZIP **REPULSE BAY, HONG KONG**

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

TITLE **S** ☐ Delete
 NAME **MALLISON, DAVID**
 STREET ADDRESS **70 SING WOO ROAD, 5TH FLOOR, BLOCK G**
 CITY-ST-ZIP **HAPPY VALLEY, HONG KONG**

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

TITLE **T** ☐ Delete
 NAME **SHELL, ROHAN**
 STREET ADDRESS **2A/89 BLUE POOL ROAD**
 CITY-ST-ZIP **HAPPY VALLEY, HONG KONG**

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

TITLE **CEO** ☐ Delete
 NAME **LOITE, GUSTAVO**
 STREET ADDRESS **CAPITAN FIGANI 1280**
 CITY-ST-ZIP **AZUMECLOU, PARAGUAY**

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 GUSTAVO LEITE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)