

# 2001 UNIFORM BUSINESS REPORT (UBR)

0241282

DOCUMENT # F10192

1. Entity Name

RAHN TOURS, INC.

Principal Place of Business

450 E LAS OLAS BLVD  
SUITE 700  
FT LAUDERDALE FL 33301  
US

Mailing Address

450 E LAS OLAS BLVD  
SUITE 700  
FT LAUDERDALE FL 33301  
US

2. Principal Place of Business

1180 SEABREEZE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1180 SEABREEZE BLVD.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

59-2053228

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

GARDINA, CAROL  
450 E LAS OLAS BLVD  
STE. 700  
FT LAUDERDALE FL 33301

Name

CAROLINA BELLO

Street Address (P.O. Box Number is Not Acceptable)

1180 SEABREEZE BLVD.

City

FT. LAUDERDALE,

FL

Zip Code

33316

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

*Carolina Bello*

CAROLINA BELLO GENERAL MANAGER

3/7/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ROBERTS, PETER H  
STREET ADDRESS 450 E LAS OLAS BLVD SUITE 700  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE PSDT ☒ Change ☐ Addition  
NAME ROBERTS, PETER H  
STREET ADDRESS 1180 SEABREEZE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE VSD ☒ Delete  
NAME ANDERSON, JOHN H  
STREET ADDRESS 450 E LAS OLAS BLVD SUITE 700  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000003953670-1  
CITY-ST-ZIP -04/03/01-01078-006  
\*\*\*150.00 \*\*\*150.00

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:

*Peter H. Roberts*

PETER H. ROBERTS

3/7/01

954-525-8115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)