

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90068 012 ***158.75

DOCUMENT # F38775

1. Entity Name

TOTAL TOURS, INC.

Principal Place of Business

Mailing Address

TOTAL TOURS INC
110 MERRICK WAY ST 3C
CORAL GABLES FL 33134
US

TOTAL TOURS INC
110 MERRICK STE 3C
CORLA GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

1492 South Miami Ave

1492 South Miami Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #202

#202

City & State

City & State

Miami, Florida

Miami

Zip

Country

Zip

Country

33130

USA

33130

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2142363

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

BERRIZBEITIA, FRANK
110 MERRICK WAY
SUITE #3-C
CORAL GABLES FL 33134

Name

ANITA RUBEL

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

1492 South Miami Ave

Suite #202

City

Miami, Florida

FL

Zip Code

33130

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RUBEL, ANITA	
STREET ADDRESS	110 MERRICK WAY 2-E	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BERRIZBEITIA, FRANK	
STREET ADDRESS	7750 SW 82 ST #B416	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1492 South Miami #202	
CITY-ST-ZIP	Miami, Florida 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANITA D. RUBEL

4-26-01

Date

Daytime Phone #

305 577 9440

CR2E034 (10/00)