

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004229

1. Entity Name

BIG FIVE TOURS LTD., INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90091 020 ***150.00

Principal Place of Business

110 RT. 110
SOUTH HUNTINGTON
NEW YORK NY 11746

Mailing Address

BIG FIVE TOURS.LTD
PO BOX 3261
STUART FL 34995-3261
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3319057

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANGHRAJKA, MAHEN
SHAWMUT NATIONAL BLDG.
819 S FEDERAL HWY STE 103
STUART FL 34994

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DCP	SANGHRAJKA, USHA	819 SOUTH FEDERAL HWY., STE. 102 STUART FL 34994	<input type="checkbox"/>		DCP	SANGHRAJKA, USHA	1551 SE PALM COURT STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SANGHRAJKA, MAHEN	20 S VIA LUCINDIA DRIVE STUART FL 34996	<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

3/15/2000

561 287 7995