

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90147 007 ***150.00

DOCUMENT # F93000004229

1. Entity Name

BIG FIVE TOURS LTD., INC.

Principal Place of Business

Mailing Address

110 RT. 110
SOUTH HUNTINGTON
NEW YORK NY 11748

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

2. Principal Place of Business

3. Mailing Address

1551 SE PALM COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

Zip

34994

Country

USA

Zip

Country

4. FEI Number **13-3319057**

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

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

Name

SANGHRAJKA, MAHEN

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

1551 SE PALM COURT

City

STUART,

FL

Zip Code

34994

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 reinstalling)

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 ☐ Delete
NAME **DCP**
STREET ADDRESS **SANGHRAJKA, USHA**
CITY-ST-ZIP **1551 SE PALM COURT.**
STUART FL 34994

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SANGHRAJKA, MAHEN**
CITY-ST-ZIP **20 S VIA LUCINDIA DRIVE**
STUART FL 34996

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHEN SANGHRAJKA

Date

4/16/01

Daytime Phone #

561 287 7995

CR2E034 (10/00)