

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004393

1. Entity Name

ACAPULCO TRAVEL & TOURS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90141 036 ***158.75

Principal Place of Business

Mailing Address

18201 VON KARMAN
#1055
IRVINE CA 92612
US

18201 VON KARMAN
#1055
IRVINE CA 92705-5427
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0333175

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

ARENADO, TRAVEL DBA ACA
7795 W FLAGLER ST
#42
MIAMI FL 33144

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	ARENADO, GERARDO	
STREET ADDRESS	222 S. MAIN STREET	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	VPVC	<input type="checkbox"/> Delete
NAME	ARENADO, FERNANDO	
STREET ADDRESS	222 S. MAIN STREET	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARENADO, MERCEDES	
STREET ADDRESS	18201 VON KARMAN STE 1055	
CITY-ST-ZIP	IRVINE CA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARENADO, LUIS F	
STREET ADDRESS	7795 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/2000

Daytime Phone #

CR2E034 (9/99)