

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000407

1. Entity Name

FLORIDA SVETA TOURS INC.

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

03-29-2000 90018 036 ***150.00

Principal Place of Business

Mailing Address

2362 Prairie Ave.
Miami, Beach, FL, 33140
U.S.A

2362 Prairie Ave.
Miami Beach, FL, 33140
U.S.A

2. Principal Place of Business

3700 Collins Ave.
Suite, Apt. #, etc.

205

City & State
MIAMI BEACH, FL

Zip
33140

Country
U.S.A

3. Mailing Address

370 NE, 80TH STR
Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33138

Country
U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0881840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLAMEN TODOROV - 2362 Prairie ave.
Miami Beach, FL
33140, US

7. Name and Address of New Registered Agent

Name PLAMEN TODOROV

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

3700 Collins Ave. #205

City MIAMI BEACH, FL

FL

Zip Code 33140

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

PLAMEN TODOROV

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03-22-00

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	<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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/M
STREET ADDRESS	PLAMEN TODOROV
CITY-ST-ZIP	3700 COLLINS AVE., Suite 205 MIAMI BEACH, FL - 33140
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIVIS
STREET ADDRESS	MARIETH ZANEVA
CITY-ST-ZIP	3700 COLLINS AVE., Suite 205 MIAMI BEACH, FL - 33140
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 all other like empowered.

SIGNATURE:

PLAMEN TODOROV

03-22-00

305-766-4338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)