

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000407

1. Entity Name

FLORIDA SVETA TOURS INC. . . .

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90076 019 ***150.00

A0039732

Principal Place of Business
3700 COLLINS AVE #205
Miami Beach, FL
U.S.A.

Mailing Address
3700 COLLINS AVE. #205
Miami Beach, FL
U.S.A.

2. Principal Place of Business
3700 COLLINS AVE.

3. Mailing Address
3451 SW 52ND AVE

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Pembroke Park, Florida

4. FEI Number
65-0881840

Applied For
Not Applicable

Zip
33140

Country
U.S.A.

Zip
33023

Country
U.S.A.

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

PLAMEN TODOROV - 3700 COLLINS AVE.
Miami Beach, FL
33140, USA

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP

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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 #

PLAMEN TODOROV 03/21/01 - 354-983-2156

CR2E034 (11/00)