**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 91513 001 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000407

1. Entity Name

FLORIDA SVETA TOURS INC

16003634

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 222 W. 42 ND STR | 222 W. 42 ND STR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: HIALEAH, FLORIDA | City & State: HIALEAH, FLORIDA |
| Zip: 33012 Country: U.S.A | Zip: 33012 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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: PLAMEN TODOROV

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

222 W 42 ND STR

City: HIALEAH FL Zip Code: 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGING DIRECTOR<br>PLAMEN TODOROV<br>222 W. 42 ND STR.<br>HIALEH, FLORIDA - 33012 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), F.S. 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 10 or 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PLAMEN TODOROV — 04/09/2003 — 305-698-7946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #