## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 23, 2000 8:00 am Secretary of State **DOCUMENT # G32388** 1. Entity Name QUASAR TOURS, INC. 05-23-2000 90272 018 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 35 5289 EHRLICH ROAD ODESSA FL 33556-0035 2ND FLOOR TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2542048 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAMONTOFF, ANDRES Street Address (P.O. Box Number is Not Acceptable) 6160 FITZGERALD ROAD ODESSA FL 33556 Zip Code FL 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 DATÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE MAMONTOFF, ANDRES NAME STREET ADDRESS 6160 FITZGERALD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL Addition ☐ Change ☐ Delete TITLE MAMONTOFF, NADINE NAME 6160 FITZGERALD RD STREET ADDRESS STREET ADDRESS **ODESSA FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the filling 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 fueland 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 ampowered of 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 a fother like empowered.

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SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED