

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/8/

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-08-2003 90092 007 ***550.00

DOCUMENT # G62185

1. Entity Name
WYDER TOURS, INC.



Principal Place of Business
1428 BRICKELL AVE. #402
MIAMI FL 33131
US

Mailing Address
1428 BRICKELL AVE. 402
MIAMI FL 33131
US

2. Principal Place of Business
815 NW 57 ave
Suite, Apt. #, etc.
217

3. Mailing Address
Same
Suite, Apt. #, etc.
Same

City & State
MIAMI FL

City & State
Same

Zip
33126 Country
USA

Zip
33126 Country
USA

4. FEI Number
59-2330444

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

WEIDER, BARRY
1428 BRICKELL AVE, #402
MIAMI FL 33131

Name
Bonny Weider
Street Address (P.O. Box Number is Not Acceptable)
815 NW 57 ave

City
MIAMI FL Zip Code
33126

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
P
WEIDER, BARRY
1428 BRICKELL AVE, STE 402
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bonny Weider
815 NW 57 ave
MIAMI FL 33126
Suite 217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (4/03)