2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65873

1. Entity Name

TOUREND HOLIDAYS, INC.



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90099 040 ***150.00

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Principal Place of Business 9301 NE 6TH AVE SUITE C-305 MIAMI FL 33138			Mailing Address 9301 NE 6TH AVE SUITE C-305 MIAMI FL 33138									
2. Principal F	Place of Busin	ness	3. Mailii	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City 8	City & State			4. FEI Number 65-0183058			Applied For Not Applicable		
Zip Country			Zip		Country			5. Certificate of Status Desired D			8.75 Additional	
				- mintered & cont				7. Name and Address of New Registered Agent				
	6. Name	and Address of Current	Registered	1 Agent			7.	Name and Addres	s of New Regist	ered Aç	jent	
						Name						
RENDINE, FRANK 9301 NE 6TH AVE				S			reet Address (P.O. Box Number is Not Acceptable)					
SUITE C		*										
MIAMI FL 33138						City	City .			FL Zip Code		
SIGNATURE .		or printed name of registered agent	and title if applic	cable. (NOTE	E: Registered	d Agent signature	required when	reinstating)		DATE		
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State						ampaign Financir Contribution.	ng 🗆		May Be I to Fees
10.		OFFICERS AND	DIRECTOR	S	11.		Al	DDITIONS/CHANG	ES TO OFFICER	S AND E	DIRECTORS	S IN 11
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NAME	RENDINE,	EDANK		□ Delete	NAME						Onango	Addition
		TH AVE, #C-305										
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12. I hereby certify that the information supplied with this 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/

365/7/1-303 Daytime Phone #