## FILED Sep 18, 2001 8:00 am Secretary of State 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L,7935& 09-18-2001 90021 001 \*\*\*150.00 1. Entry Name ASTRO TOURS AND 09-18-2001 90021 002 \*\*\*\*\*8.75 TRANSPORTATION INC Mailing Appress Principal Place of Business C/O JOSE LINCENTE SERLIER CLO JOCE- NINCENTE SEPULVEDA ..... SAD KIRKMANROSTE SOS 5401 KIRKMAN RD STE 505 ORGANDO TO 32815 DRUANDO, E 32815 2. Principal Place of Business 3. Mailing Address Suite Act. #, etc. Suite, Act. #. etc. DO NOT WRITE IN THIS SPACE City & State . City & State 59-3016421 Not -pplicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEPULVEDA JOSE VINKENT Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN RS STE 505 Zip Code STATE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution." (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11... ☐ Change ☐ Addition 11715 TITLE SEPULLABOA, JOSE VINCENT **NAME** NAME SADI KIKKMAN RO STE SOJ STREET ADDRESS STREET 400RESS ORLAMO, 32819 C:TY-ST-ZIP C(TY - ST - 7:P 71715 TITLE Detete 14ME ---NAME STREET ADDRESS STREET 400FESS CITY -ST-ZIP DITY-ST-DIP TITLE TITLE 🗀 Addition NAME NAME STREET ADDRESS \$135ET 400865S CITY-ST-ZIP CITY - 57-JIP D Delete Assition NAME ---HAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP DITY-ST-ZIP TITLE Delete TITLE Applica-

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as reduired by Chapter 607. Florida Statutes; and that my name appears in Block 11 or 8 ork 12 changed, or on an attachment with an address, with all other receivers.

112145

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP Change Accidion

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May 29, 2001

Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302

## Re: Astro Tours and Transportation Inc (EIN 59-3016421)

To Whom It May Concern:

I am writing this letter in reference to the above-noted corporation. I was just notified by my Accountant recently that we have to file a Uniform Business Report every year and pay \$150.00. However, at this time, I am not sure if this has been done for this year.

I have not received such a form to complete and I rely solely on my Accountant to notify me of any tax notices which are due. Therefore, at this time, I am completing a new form and attaching a check for \$150.00. I am also sending a money order for \$8.75 for the Certificate of Satus.

We have taken measures to ensure that this will not happen again. Since we have never had any problems in the past and we feel this was an isolated incident, we hope that you will not charge any penalties for this oversight. We appreciate your kind consideration in this matter and please do not hesitate to contact us if you have any questions or need further help.

Sincerely,

Jose V. Sepulveda