

# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P0000000 b983</b>					
<b>1. Entity Name</b> Sun Leo Florida Transportation & Tours Inc 339 Sandpiper Ridge Court Drive Orlando, FL 32835					
<b>Principal Place of Business</b> Orlando			<b>Mailing Address</b> 339 Sandpiper Ridge DR Orlando, FL 32835		
<b>2. Principal Place of Business</b> Orlando			<b>3. Mailing Address</b> as above		
Suite, Apt. #, etc. Same			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		<b>4. FEI Number</b> 59-3599039	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> Masami Kawano 6663 Mission Club Blvd. Orlando, FL 32832			<b>7. Name and Address of New Registered Agent</b> Name: PRADEEP Rampersaud Street Address (P.O. Box Number is Not Acceptable): 339 Sandpiper Ridge Court Drive City: Orlando FL Zip Code: 32		
<b>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.</b>					
SIGNATURE: <i>PraDeep Rampersaud</i> DATE: <i>JUNE 4-01</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PRESIDENT NAME: MASAMI KAWANO <input checked="" type="checkbox"/> Delete STREET ADDRESS: 6663 Mission Club Blvd. CITY-ST-ZIP: Orlando, FL 32821	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: VICE PRESIDENT <input type="checkbox"/> Delete NAME: PRADEEP RAMPERSAUD STREET ADDRESS: 1007 Eastern Ave CITY-ST-ZIP: St Cloud, FL 34769	TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: PRADEEP RAMPERSAUD STREET ADDRESS: 339 Sandpiper Ridge DR CITY-ST-ZIP: Orlando, FL 32835				
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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<b>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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <i>PraDeep Rampersaud</i> DATE: <i>JUNE 4-01</i> 407-226-1707 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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