

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000014097**1. Entity Name
KON-TIKI TOURS & TRAVEL, INC.**Principal Place of Business**

5327 N BAY RD

MIAMI BEACH
33140

FL

Mailing Address

5327 N BAY RD

MIAMI BEACH
33140

FL

2. Principal Place of Business

940 LINCOLN ROAD

Suite, Apt. #, etc.
322City & State
MIAMI BEACH
FLZip
33139

Country

3. Mailing Address

940 LINCOLN ROAD

Suite, Apt. #, etc.
322City & State
MIAMI BEACH
FLZip
33139

Country

4. FEI Number**65-0994981**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentIRAUZQUI JOSE P
5327 N BAY RDMIAMI BEACH
33140

FL

US

7. Name and Address of New Registered Agent**Name**

IRAUZQUI JOSE P

Street Address (P.O. Box Number is Not Acceptable)

4643 PRAIRIE AVE

City
MIAMI BEACH

FL

Zip Code
33140

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 **JOSE IRAUZQUI**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/23/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	IRAUZQUI NELLY S	
STREET ADDRESS	5327 N BAY RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRAUZQUI MONICA S	
STREET ADDRESS	5327 N BAY RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRAUZQUI JOSE P	
STREET ADDRESS	5327 N BAY RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MRS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRAUZQUI NELLY S	
STREET ADDRESS	4643 PRAIRIE AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	MRS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRAUZQUI MONICA S	
STREET ADDRESS	4643 PRAIRIE AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRAUZQUI JOSE P	
STREET ADDRESS	4643 PRAIRIE AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Jose P. Irazuqui

Mr

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)