

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**  
 09-12-2001 90205 013 \*\*\*550.00

**DOCUMENT # P00000035318**

**1. Entity Name**  
**SERRANO PATINO GLOBO TOURS CORP.**

**Principal Place of Business**  
**1809 OAK VISTA TERRACE**  
**ORLANDO FL 32824**

**Mailing Address**  
**1809 OAK VISTA TERRACE**  
**ORLANDO FL 32824**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**5730 Estancia Dr**  
 Suite, Apt. #, etc.  
**1210**

**3. Mailing Address**

**5730 Estancia Dr**  
 Suite, Apt. #, etc.  
**1210**

**City & State**  
**Orlando - FL**

**City & State**  
**Orlando - FL**

**4. FEI Number**

**98-0337386**

**Applied For**

**Not Applicable**

**Zip**  
**32822**

**Country**  
**U.S.A.**

**Zip**  
**32822**

**Country**  
**U.S.A.**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SERRANO PATINO, LILIAN M**  
**1809 OAK VISTA TERRACE**  
**ORLANDO FL 32824**

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

**Name**

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

**City**

**FL**

**Zip Code**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** **PD** ☐ Delete  
**NAME** **SERRANO, LURDES PATINO**  
**STREET ADDRESS** **1809 OAK VISTA TERRACE**  
**CITY-ST-ZIP** **ORLANDO FL 32824**

**TITLE** **VD** ☐ Delete  
**NAME** **SERRANO P, DIANA**  
**STREET ADDRESS** **1809 OAK VISTA TERRACE**  
**CITY-ST-ZIP** **ORLANDO FL 32824**

**TITLE** **VD** ☐ Delete  
**NAME** **SERRANO P, JUAN CARLOS**  
**STREET ADDRESS** **1809 OAK VISTA TERRACE**  
**CITY-ST-ZIP** **ORLANDO FL 32824**

**TITLE** **VD** ☐ Delete  
**NAME** **SERRANO P, BIBIANA F**  
**STREET ADDRESS** **1809 OAK VISTA TERRACE**  
**CITY-ST-ZIP** **ORLANDO FL 32824**

**TITLE** **VD** ☐ Delete  
**NAME** **PATINO V, CARMEN L**  
**STREET ADDRESS** **1809 OAK VISTA TERRACE**  
**CITY-ST-ZIP** **ORLANDO FL 32824**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Change ☐ Addition  
**NAME** **Serrano Lourdes Patino**  
**STREET ADDRESS** **5730 Estancia Dr**  
**CITY-ST-ZIP** **Orlando - FL - 34822**

**TITLE** **VD** ☐ Change ☐ Addition  
**NAME** **Serrano P. Diana**  
**STREET ADDRESS** **5730 Estancia Dr**  
**CITY-ST-ZIP** **Orlando - FL - 34822**

**TITLE** **VD** ☐ Change ☐ Addition  
**NAME** **Serrano P. Juan Carlos**  
**STREET ADDRESS** **5730 Estancia Dr**  
**CITY-ST-ZIP** **Orlando FL 34822**

**TITLE** **VD** ☐ Change ☐ Addition  
**NAME** **Serrano P. Bibiana**  
**STREET ADDRESS** **5730 Estancia Dr**  
**CITY-ST-ZIP** **Orlando FL 34822**

**TITLE** **VD** ☐ Change ☐ Addition  
**NAME** **Carmen V. Carmen L.**  
**STREET ADDRESS** **5730 Estancia Dr**  
**CITY-ST-ZIP** **Orlando FL 34822**

**TITLE** ☐ Change ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**09-02-01**

**Date**

**Daytime Phone #**

CR2E034 (5/01)