

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90205 028 ***150.00

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 AV

DOCUMENT # P00000036326

1. Entity Name

C.A.B. TOURS & TRANSPORTATION INC.

Principal Place of Business

**7061 GRAND NATIONAL DR.
 #131
 ORLANDO FL 32819**

Mailing Address

**7061 GRAND NATIONAL DR.
 #131
 ORLANDO FL 32819**

2. Principal Place of Business

5572 ARNOLD PALMER DR

3. Mailing Address

5572 ARNOLD PALMER DR

Suite, Apt. #, etc.

#311

Suite, Apt. #, etc.

#311

City & State

Orlando, FL

City & State

Orlando, FL

Zip

#32811

Country

U.S.A.

Zip

32811

Country

U.S.A.

6. Name and Address of Current Registered Agent

TORO, RUBEN D

**7345 SAND LAKE RD., SUITE 204
 ORLANDO FL 32819**

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 \$150.00
 After May 1, 2002 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 **P** ☐ Delete
 NAME **BATALHA, CARLOS**
 STREET ADDRESS **5572 ARNOLD PALMER DR #311**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

S. Batalha RECCARLOS BATALHA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-29-02 407-352.1000

CR2E034 (9/01)