5/21/01

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-21-2001 90354 045 ***150.00

2001 UNIFORM BUSINESS REPORT (U...)

DOCUMENT # P00000036546

Entity Name

R & P TOURS, INC.

Principal Place of Business: 4252 West 12th Avenue, Hialeah, Florida 33012

Mailing Address:

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc: 4252 West 12th Ave.	
City & State		City & State: Hialeah, Florida	
Zip	Country	Zip: 33012	Country: USA

4. FEI Number: 65-0999781 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD; NAME: Abreu, Pedro P.; STREET ADDRESS: 4252 W 12 Ave.; CITY-ST-ZIP: Hialeah Fl. 33012	☐ Delete	☐ Change ☐ Addition
TITLE: VP; NAME: Lopez, Rossy B.; STREET ADDRESS: 4252 W 12 Ave.; CITY-ST-ZIP: Hialeah Fl. 33012	☐ Delete	☐ Change ☐ Addition
TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: Pedro P. Abreu Pres — 4/30/01 — 305-825-3537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)