

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 023 ***150.00

DOCUMENT # P00000055777

1. Entity Name

STAR TOUR OPERATOR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10691 NORTH KENDALL DRIVE

3. Mailing Address

10691 NORTH KENDALL DRIVE

Suite, Apt. #, etc.

#314

Suite, Apt. #, etc.

#314

City & State

MIAMI FL,

City & State

MIAMI FL,

4. FEI Number

65-1015052

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DOUGLAS PRESTO

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

14816 SW 140th COURT

City

MIAMI

FL

Zip Code
33186

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME WAGNER JOSE ABRAHAO
STREET ADDRESS AV. ALMIRANTE BARROSO 22 18 ANDAR CENTRO CEP
CITY-ST-ZIP 20031-000 RIO DE JANEIRO BRASIL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME ROBERTO SIQUEIRA
STREET ADDRESS AV. ALMIRANTE BARROSO 22 18 ANDAR CENTRO CEP
CITY-ST-ZIP 20031 RIO DE JANEIRO BRASIL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME LEA ABRAHAO
STREET ADDRESS AV. ALMIRANTE-BARROSO 22 18 ANDAR-CENTRO CEP
CITY-ST-ZIP 20031-000 RIO DE JANEIRO BRASIL

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Siqueira

Date

4/30/02

Daytime Phone #

CR2E034B (12/01)