

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90052 037 \*\*\*150.00

DOCUMENT # P00000056342

1. Entity Name

LAURA TOURS INC.

Principal Place of Business

Mailing Address

8820 S. ORANGE BLOSSOM  
 TRAIL

ORLANDO FL. 32809

2. Principal Place of Business

860 HAWKS AVE.

3. Mailing Address

860 HAWKS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 ORLANDO FL.

City & State  
 ORLANDO FL.

4. FEI Number

59-3363242

Applied For

Not Applicable

Zip  
 32809

Country

Zip  
 32809

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

770464

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBEN D. TORO  
 7345 SAND LAKE RD. STE. 204  
 ORLANDO FL. 32819

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

TITLE D-P ☐ Delete  
 NAME TIMMIE C. HAWKINS  
 STREET ADDRESS 860 HAWKS AVE.  
 CITY-ST-ZIP ORLANDO FL. 32809

TITLE D-VP-T ☐ Delete  
 NAME MARILIA HAWKINS  
 STREET ADDRESS 860 HAWKS AVE.  
 CITY-ST-ZIP ORLANDO FL. 32809

TITLE D- ☐ Delete  
 NAME MICHAEL F. KRAMER  
 STREET ADDRESS 860 HAWKS AVE.  
 CITY-ST-ZIP ORLANDO FL. 32809

TITLE S ☐ Delete  
 NAME CARLOS F. ARAUJO  
 STREET ADDRESS 4005 MOORING LANE  
 CITY-ST-ZIP ORLANDO FL. 32810

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

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

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

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

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 an other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/01 (407)851-8730

CR2E034 (11/00)