

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000063049

1. Entity Name

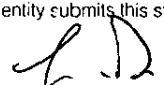

ALPA TOURS INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90452 034 ***150.00

LUU4010

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3785 NW 82 AVE STE 102 MIAMI, FL 33166		Mailing Address 3785 NW 82 AVE STE 102 MIAMI, FL 33166	
2. Principal Place of Business 3785 NW 82 AVE Suite, Apt. #, etc. 102		3. Mailing Address 3785 NW 82 AVE Suite, Apt. #, etc. 102	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country	Zip 33166	Country
4. FEI Number 65-1032626		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent			
Name LEO-DE-LA-HOZ			
Street Address (P.O. Box Number is Not Acceptable) 3785 NW 82 AVE STE 102			
City MIAMI			
FL			
Zip Code 33166			
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  (NOTE: Registered Agent signature required when reinstating)			
DATE 4/3/01			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P. ALAIN DOFF 56 BISGRAN AVE 06140 TOURETTESSURLOUPFRANC			
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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			
Date 4/3/01			
Daytime Phone #			