2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

Aug 16, 2001 8:00 am Secretary of State P00000069904 DOCUMENT # 1. Entity Name USA TOURS & CHARTER SERVICES, INC. 08-16-2001 90004 027 ***150.00 Principal Place of Business Mailing Address 3600 C ST RD 7 3000 S ST RD 7 MIRAMAR-FL-33028 MIRAMAR FL 32023 2. Principal Place of Business 3. Mailing Address 315 62 nd HUE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Oty & State City & State Applied For tolli touy woo D **心のの**ひ Not Applicable Zip Country Zip \$8.75 Additional SA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATTKENS, JOEL Street Address (P.O. Box Number is Not Acceptable) 3600 S ST RD 7 MIRAMAR FL 33023 City Zip Code Fl 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition AITKENS, JOEL NAME NAME 3600 S ST RD 7 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIRAMAR FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME AITKENS, JOSSETTE NAME STREET ADDRESS 3600 S ST RD 7 STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quarify 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 frequence by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an

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Hulling Halling Halling Halling Halling Halling Halling B. CHARTER SERVICES, INC. 3600 S ST RD 7
MIRAMAR FL 33023-5200

FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314