

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
 05-19-2001 90273 021 ***150.00

DOCUMENT # **P00000080435**
 1. Entity Name
TRAVEL & TOURS MARKETING, INC.

Principal Place of Business Mailing Address
13202 BOULDER WOODS CR.
ORLANDO, FL 32824

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
13202 Boulder Wood Cr.
 City & State **Orlando, FL**
 Zip Country **32824 USA**

4. FEI Number **59-3676141** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Luis A. Arce
13202 BOULDER WOODS CR.
Orlando, FL 32824

7. Name and Address of New Registered Agent
 Name **N/A**
 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 _____ (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	PRESIDENT	<input type="checkbox"/> Delete
NAME	LUIS A ARCE	
STREET ADDRESS	13202 BOULDER WOODS CR.	
CITY-ST-ZIP	ORLANDO, FL. 32824	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	YOLANDA ARCE	
STREET ADDRESS	13202 BOULDER WOODS CR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	YOLANDA ARCE	
STREET ADDRESS	13202 BOULDER WOODS CR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	LUIS A. ARCE	
STREET ADDRESS	13202 BOULDER WOODS CR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Luis A. Arce President** April 23, 2001 407-9974325
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)