

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0107567 AV

**DOCUMENT # P00000080435**

1. Entity Name  
**TRAVEL & TOURS MARKETING, INC.**

03-13-2002 90062 032 \*\*\*150.00

Principal Place of Business  
**13202 BOULDER WOODS CIR**  
**ORLANDO FL 32824**

Mailing Address  
**13202 BOULDER WOODS CIR**  
**ORLANDO FL 32824**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 771444**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, FL**

4. FEI Number  
**59-3676141**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip  
**32827**

Country

6. Name and Address of Current Registered Agent  
**ARCE, LUIS**  
**13202 BOULDER WOODS CIR**  
**ORLANDO FL 32824**

7. Name and Address of New Registered Agent  
 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 (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARCE, LUIS A</b>		NAME		
STREET ADDRESS	<b>13202 BOULDER WOODS CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARCE, YOLANDA</b>		NAME		
STREET ADDRESS	<b>13202 BOULDER WOODS CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARCE, YOLANDA</b>		NAME		
STREET ADDRESS	<b>13202 BOULDER WOODS CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARCE, LUIS A</b>		NAME		
STREET ADDRESS	<b>13202 BOULDER WOODS CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **3-7-02 407-293-2401**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)