

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081989

1. Entity Name

BLACKHISTORYTOURS.COM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 4 PM 3:47

Principal Place of Business

906 ORANGE ISLE
FT LAUDERDALE FL 33315

Mailing Address

906 ORANGE ISLE
FT LAUDERDALE FL 33315

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL
33136 USA

City & State

MIAMI FL
33136 USA

REINSTATEMENT

4. FEI Number

05-1034565

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, W GEORGE ESQ
800 SE 3RD AVE
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name PETER LASH

Street Address (P.O. Box Number is Not Acceptable)

1008 NW 8th Street RD

City Miami

FL

Zip Code 33136

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-1-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME ALBOHER, ERIC
STREET ADDRESS 906 ORANGE ISLE
CITY-ST-ZIP FT LAUDERDALE FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1008 NW 8th Street Rd
CITY-ST-ZIP Miami FL 33136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-01

Date

Daytime Phone #

305-548-

3262

CR2E034 (5/01)