

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90109 007 ***150.00

DOCUMENT # P00000087505

1. Entity Name
ENTERPRISE TRAVEL & TOURS, INC.

Principal Place of Business Mailing Address
5542 ARNOLD PALMER DR., #8103 **5542 ARNOLD PALMER DR., #8103**
ORLANDO FL 32811 **ORLANDO FL 32811**

2. Principal Place of Business 3. Mailing Address
5761 S Orange Blossom Trail #10 **5761 S Orange Blossom Trail #10**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Trail #10 **Blossom Trail #10**
 City & State City & State
Orlando, FL **Orlando, FL**
 Zip Country Zip Country
32839 USA **32839 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3671206** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ-BUENO, LOURDES
5542 ARNOLD PALMER DR., #8103
ORLANDO FL 32811

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 *Loures Sanchez-Bueno* **Loures Sanchez-Bueno President 01/05/00**
Signature, typed or printed name of registered agent and title if applicable. (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 NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	SANCHEZ-BUENO, LOURDES
CITY-ST-ZIP	5542 ARNOLD PALMER DR., #8103
CITY-ST-ZIP	ORLANDO FL 32811
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.

SIGNATURE: *Loures Sanchez-Bueno* **Loures Sanchez-Bueno President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **407-826-0901**
01/05/00 Daytime Phone #

CR2E034 (10/00)