

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2001 8:00 an
Secretary of State

06-12-2001 90002 045 ***550.00

DOCUMENT # P00000090296

1. Entity Name

SALUTE USA TOUR, CORP.

Principal Place of Business

Mailing Address

4867 CHALFONT DR.
ORLANDO FL 32837

4867 CHALFONT DR.
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

7802 KINGSPONTE PARKWAY same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 104

SUITE 104

City & State

City & State

ORLANDO FL

ORLANDO, FL

Zip
32819

Country
USA

Zip
32819

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3672181

Applied F

Not Applic

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, WILFRED
4867 CHALFONT DR.
ORLANDO FL 32837

Name
Eduardo H. DUARTE
Street Address (P.O. Box Number is Not Acceptable)
7802 KINGSPONTE PARKWAY
SUITE 104
City
ORLANDO FL 32819 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-5-01

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 \$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
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENRIQUE DUARTE, EDUARDO
4867 CHALFONT DR.
ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
7802 KINGSPONTE PARKWAY
SUITE 104 ORLANDO FL 32819 ☒ Change ☐ Ad

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENRIQUE RUGGIERO, PAULO
4867 CHALFONT DR.
ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
7802 KINGSPONTE PARKWAY
SUITE 104 ORLANDO FL 32819 ☒ Change ☐ Ad

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Ad

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/01 407.345 133

Date

Daytime Phone #