Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am DOCUMENT # P00000115241 **Secretary of State** MOBIL TOUR CORP. 02-20-2001 90061 046 ***158.75 Principal Place of Business Mailing Address 13953 SW 66TH STREET #710-B 13953 SW 66TH STREET #710-B MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 1.06.39.5 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOGUEIRA LIMA, JANSEN P Street Address (P.O. Box Number is Not Acceptable) 13953 SW 66TH STREET #710-B **MIAMI FL 33183** Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:11-TITLE TITI F ☐ Change ☐ Addition **PVST** Delete NAME ... NAME NOGUEIRA LIMA, JANSEN P STREET ADDRESS STREET ADDRESS 13953 SW 66TH STREET #710-B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME NOGUEIRA LIMA, JANSEN P STREET ADDRESS STREET ADDRESS 13953 SW 66TH STREET #710-B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183. MANDIRGCTOR - (M) Addition TITLE Delete TITLE - LIMA , JAIR N NAME - 139535W 66 CT. # 710-13 - MIAMI, FL, 33183 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TIT1 F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

TED NAME OF SIGNING OFFICER OR DIRECTOR