

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90001 036 \*\*\*150.00

0141016 SP

**DOCUMENT # P00000116918**

1. Entity Name

**NICA BUS TOUR, INC.**

Principal Place of Business

**808 FLORIDA ROCK ROAD  
ORLANDO FL 32824**

Mailing Address

**808 FLORIDA ROCK ROAD  
ORLANDO FL 32824**

2. Principal Place of Business

**8808 Florida A locked**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**ORLANDO FL**

City &amp; State

4. FEI Number

**59-3681076**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**RAMOS, MARVIN A  
808 FLORIDA ROCK ROAD  
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

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
RAMOS, MARVIA A  
808 FLORIDA ROCK ROAD  
ORLANDO FL 32824** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-14-01**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment 947714  
Doc# 100000116918

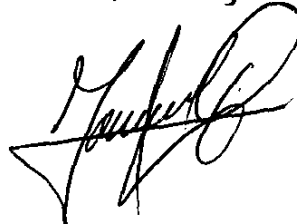
Aug. 16 2001

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

TO: WHO IT MAY CONCERN

WE DID NOT RECIB THE FIRST  
NOTICE TO PAID THE ANUAL FEE  
OUR ADDRESS IS 8808 FLORIDA ROCK RD  
AND NOT 808 FLORIDA ROCK RD PLEASE  
ACCEPT OUR MONEY ORDER OF \$150-  
TO GET OUR GOOD STANDING FOR  
THE 2001 YEAR

Respectfully

A handwritten signature in black ink, appearing to be "H. J. [unclear]", written over a horizontal line.