

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90549 037 ***158.75

DOCUMENT # *P01000012375*

1. Entity Name:

Getaway Cruises AND TRAVEL INC.

DO NOT WRITE IN THIS SPACE

B0127061

2. Principal Place of Business

4014 West ALVA Street
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 340158
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *TAMPA, FLORIDA*

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4. FEI Number *59-3698393*

Applied For
Not Applicable

Zip *33614*

Country *USA*

Zip *33694-0152*

Country *U.S.A*

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Andrew H. Gavosto*

Street Address (P.O. Box Number is Not Acceptable)
8003 MARIGOLD AVE

City *TAMPA*

FL

Zip Code *33614*

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 *Andrew H. Gavosto*

Andrew H. GAVOSTO

7/2/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *Director*
NAME *RICARDO LONGIN*
STREET ADDRESS *12818 CEDAR FOREST DR. #307*
CITY-ST-ZIP *TAMPA, FL 33625*

TITLE *Director*
NAME *Andrew H. Gavosto*
STREET ADDRESS *8003 MARIGOLD AVE*
CITY-ST-ZIP *TAMPA, FL 33614*

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ricardo Longin* **RICARDO LONGIN**

7/2/02

813-876-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)

Attachment
GH 00100012375
60121061

GETAWAY CRUISES AND TRAVEL, INC.

4014 West Alva Street
Tampa, FL 33614
Telephone: (813) 876-6022
Fax: (813) 876-6401
getawayct@hotmail.com

July 2, 2002

Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

By certified mail

Re: Uniform Business Report (UBR)

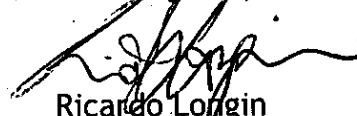
Dear Sir/Madame:

Enclosed please find a completed copy of the FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT and an attached check for the amount due of \$150.00. The late arrival of these required documents is due to the fact that Getaway Cruises and Travel Inc. never received the attached form via mail. The directors of the above corporation were not aware of these requirements until 7/2/02.

After contacting your offices using the number provided (850-488-9000), Getaway Cruises and Travel Inc. was instructed by Scott (Public Increase Divisions) to forward the required documents along with the payment as soon as possible.

Please feel free to call us if you have any questions.

With Regards,



Ricardo Longin
Officer/Director

Enc.