

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**  
 05-17-2002 90023 040 \*\*\*150.00

**DOCUMENT # P01000017048**

1. Entity Name  
**EXTREME TRAVEL & TOURS, INC.**

Principal Place of Business  
**8540 SOUTHWEST 133RD AVENUE ROAD**  
**UNIT 308**  
**MIAMI FL 33183**

Mailing Address  
**8540 SOUTHWEST 133RD AVENUE ROAD**  
**UNIT 308**  
**MIAMI FL 33183**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1257 W 72 ST**

3. Mailing Address  
**1257 W 72 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Hialeah FL**

City & State  
**Hialeah FL**

4. FEI Number  
**651081739**

Applied For  
 Not Applicable

Zip  
**33014**

Country  
**USA**

Zip  
**33014**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**Alexis Paredes**

Street Address (P.O. Box Number is Not Acceptable)  
**1257 W 72 ST**

City  
**Hialeah** **FL** Zip Code  
**33014**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/13/02**

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, 2002 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  
**PTD**

NAME  
**PARADES, ALEXIS** ☐ Delete

STREET ADDRESS  
**8540 SOUTHWEST 133RD AVENUE ROAD**

CITY-ST-ZIP  
**MIAMI FL 33183**

TITLE  
**SVD**

NAME  
**PARADES, SHARON** ☐ Delete

STREET ADDRESS  
**8540 SOUTHWEST 133RD AVENUE ROAD**

CITY-ST-ZIP  
**MIAMI FL 33183**

TITLE  
 NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME ☒ Change ☐ Addition

STREET ADDRESS  
**1257 W 72 ST**

CITY-ST-ZIP  
**Hialeah FL 33014**

TITLE  
 NAME ☒ Change ☐ Addition

STREET ADDRESS  
**1257 W 72 ST**

CITY-ST-ZIP  
**Hialeah FL 33014**

TITLE  
 NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/02 (305) 216-4841**  
 Date Daytime Phone #

CR2E034 (9/01)