

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90073 013 \*\*\*150.00

0043224 AV

**DOCUMENT # P01000020807**

**1. Entity Name**  
**INTERNATIONAL TOUR OPERATOR INC.**



**Principal Place of Business**  
**999 PONCE DE LEON BLVD #625**  
**CORAL GABLES FL 33135**  
**US**

**Mailing Address**  
**999 PONCE DE LEON BLVD #625**  
**CORAL GABLES FL 33135**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-1145584**

☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FARAH, CARLOS M CPA**  
**999 PONCE DE LEON BLVD #625**  
**CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPST** ☐ Delete  
**NAME** **MARCINO, FRANCESCO**  
**STREET ADDRESS** **10800 BISCAYNE BLVD #620**  
**CITY-ST-ZIP** **NORTH MIAMI FL 33161**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Francisco Marcino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

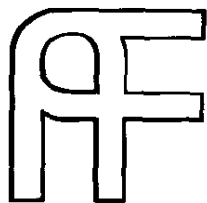
**7-25-02**

Date

**305-444-0999**

Daytime Phone #

CR2E034 (4/03)



**Appelrouth, Farah  
& Co., P.A.**

*Your Consultants to the Business Community*

**MIAMI**

999 Ponce de Leon Boulevard  
Suite 625  
Coral Gables, Florida 33134

**Telephone**

(305) 444-0999

**Facsimile**

(305) 443-5171

**Ft. Lauderdale**

(954) 728-8989

**Toll-Free**

(877) 446-0999

**KEY WEST**

604 Duval Street, Suite C  
Key West, Florida 33040

**Telephone**

(305) 296-6444

info@appelrouth.com

Attachment #  
80135073

July 28, 2003

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

**Re: International Tour Operator, Inc.  
Document # P01000020807**

Enclosed is the 2003 Uniform Business Report for the above mentioned, along with a check in the amount of \$150.00 for the filing fee.

We recently received the enclosed report and we were not aware that the report was to be mailed to this address. We did not realize this until we received the second notice that we had not received the copy that is sent out for the May 1st filing. Once we received the report we contacted the client and we were told that they had not received any earlier mailings either.

Please accept the \$150.00 payment for the year 2003.

Thank you for your attention to this matter.

Sincerely,

Carlos M. Farah, C.P.A.  
CMF: ahg

Enc.