

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90044 033 ***150.00

DOCUMENT # P01000041002

1. Entity Name

YELLOW STAR WHOLESALER TOUR OPERATOR USA CORPORATION

Principal Place of Business

5775 COLLINS AVENUE, UNIT 905
 MIAMI BEACH FL 33140

Mailing Address

5775 COLLINS AVENUE, UNIT 905
 MIAMI BEACH FL 33140

2. Principal Place of Business

168 SE 1st Street

3. Mailing Address

168 SE 1st Street

Suite, Apt. #, etc.

Suite # 501

Suite, Apt. #, etc.

Suite # 501

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

52-2313426

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
 3440 HOLLYWOOD BLVD., SUITE 360
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

GUSTAVO BALMACEIDA

Street Address (R.O. Box Number is Not Acceptable)

168 SE 1st Street

Suite # 501

City

Miami

FL

Zip Code

33131

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)

Treasurer

01/25/02

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 \$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	PD	<input type="checkbox"/> Delete
NAME	GALATRO, FERNANDO	
STREET ADDRESS	5775 COLLINS AVENUE, UNIT 905	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BALMACEIDA, GUSTAVO	
STREET ADDRESS	5775 COLLINS AVENUE, UNIT 905	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATRO FERNANDO	
STREET ADDRESS	168 SE 1st Street - Suite # 501	
CITY-ST-ZIP	Miami - FL 33131	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALMACEIDA GUSTAVO	
STREET ADDRESS	168 SE 1st Street - Suite # 501	
CITY-ST-ZIP	Miami - FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/02

Date

905.6045656

Daytime Phone #

CR2E034 (9/01)