

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061454

1. Entity Name

ALPITOUR GROUP USA, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90163 002 ***150.00

0022073 AV

Principal Place of Business

777 17 STREET PH SUITE
MIAMI BEACH FL 33139

Mailing Address

777 17 STREET PH SUITE
MIAMI BEACH FL 33139

2. Principal Place of Business

401 - 69 STREET

3. Mailing Address

401 - 69 STREET

Suite, Apt. #, etc.

8 F

Suite, Apt. #, etc.

8 F

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH

Zip

33141

Country

FL-USA

Zip

33141

Country

FL-USA

4. FEI Number

65-1119676

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

CIFUENTES, MARIA
777 17 STREET PH SUITE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
DAFNE MILITANO

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

401 - 69 STREET # 8 F

City

MIAMI BEACH

FL

Zip Code

33141

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 DAFNE MILITANO

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

Dafne Militano

(NOT) Registered Agent signature required when reinstating.

03/15/02

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 D ☒ Delete
 NAME MILITANO, DAFNE
 STREET ADDRESS 777 17 STREET PH SUITE
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete
 NAME MILITANO, DAFNE
 STREET ADDRESS 401 - 69 STREET # 8 F
 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Dafne Militano

DAFNE MILITANO

03/15/02

305-776 3458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)