

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070873

1. Entity Name
FLORIADE TOURS, INC.

Principal Place of Business

7150 NW 51 STREET
MIAMI FL 33168

Mailing Address

7150 NW 51 STREET
MIAMI FL 33168

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

65-1127898

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUENTES, JAVIER
7150 NW 51 STREET
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name: Puentes Bellanid
Street Address (P.O. Box Number is Not Acceptable)
1507 SW 20TH AVE

City: Cape Coral

FL

Zip Code
33991

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-26-02

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	PVD	☒ Delete
NAME	PUENTES, JAVIER	
STREET ADDRESS	1507 SW 20 STREET	
CITY-ST-ZIP	CAPE CORAL FL 33991	
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		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	☒ Change ☐ Addition
NAME	PUENTES BELLANID	
STREET ADDRESS	1507 SW 20TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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 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

04-26-02

941 2838896

Date

Daytime Phone #

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

05-14-2002 90202 023 ***150.00



DO NOT WRITE IN THIS SPACE