2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-23-2002 90112 003 ***150.00

DOCUMENT # P01000079486

1. Entity Name
TUCULVEN TOURS & TRAVEL, INC.

- 37303

Principal Place of Business	Mailing Address
9753 SOUTH ORANGE BLOSSOM TRAIL STE 202 ORLANDO FL 32837	9753 SOUTH ORANGE BLOSSOM TRAIL STE 202 ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9753 SOUTH ORANGE B. TRAIL	9753 South OBT
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.: SUITE 201
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32837 Country: USA	Zip: 32837 Country: USA

4. FEI Number 59-3739160 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELENDEZ, OLGA Y 9753 SOUTH ORANGE BLOSSOM TRAIL STE 202 ORLANDO FL 32837	Name: MELENDEZ, OLGA Y Street Address (P.O. Box Number is Not Acceptable): 9753 South OBT SUITE 201 City: ORLANDO FL Zip Code: 32837

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: Olga Y. Melendez DATE: 04/30/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS SANTELIZ, ALEXIS R 9753 SOUTH ORANGE BLOSSOM TRAIL STE 202 ORLANDO FL 32837	☐ Delete	DPS ALEXIS SANTELIZ 9753 SOUTH OBT SUITE 201 ORLANDO, FL 32837	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DIAZ, CESAR E 9753 SOUTH ORANGE BLOSSOM TRAIL STE 202 ORLANDO FL 32837	☐ Delete	DV DIAZ, CESAR E 9753 SOUTH OBT SUITE 201 ORLANDO, FL 32837	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SANTELIZ, CARMEN J 9753 SOUTH ORANGE BLOSSOM TRAIL STE 202 ORLANDO FL 32837	☐ Delete	DT SANTELIZ, CARMEN J 9753 SOUTH OBT SUITE 201 ORLANDO, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 04/30/2002 — (407) 447 2464 Daytime Phone #