

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90051 050 ***150.00

DOCUMENT # **P01000089723**

1. Entity Name

PAPU'S TOUR CORP.

DO NOT WRITE IN THIS SPACE

644751

2. Principal Place of Business

8837 LATREC AVE. #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3742961

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

LAYSA GARCIA

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

8837 LATREC AVE # 303

City

ORLANDO

FL

Zip Code

32819

**DO NOT WRITE
IN THIS SPACE**

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

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P-D-S**
NAME **GARCIA, LAYSA**
STREET ADDRESS **8837 LATREC AVE. # 303**
CITY-ST-ZIP **ORLANDO FL. 32819**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/02

Date

(407) 345-2974

Daytime Phone #