

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90047 040 ***158.75

DOCUMENT # P01000105067

1. Entity Name

UNIVERSAL TRAVEL RECEPTIVE TOUR OPERATOR AND SERVICES, INC.

Principal Place of Business

**7232 SAND LAKE RD. SUITE 102
 ORLANDO FL 32819**

Mailing Address

**3351 GREENWICH VILLAGE BLVD #204
 ORLANDO FL 32835**

2. Principal Place of Business

7345 SAND LAKE ROAD

3. Mailing Address

7345 SAND LAKE ROAD

Suite, Apt. #, etc.

SUITE 221

Suite, Apt. #, etc.

SUITE 221

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

U.S.A.

Zip

32819

Country

U.S.A.

4. FEI Number

52-2359256

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACHADO, JORGE O

**7232 SAND LAKE RD, SUITE 102
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

MACHADO, JORGE O.

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

7345 SAND LAKE ROAD SUITE 221

City

ORLANDO

FL

Zip Code

32819

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) ☐

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 **MACHADO, JORGE O**
 STREET ADDRESS **3351 GREENWICH VILLAGE BLVD #204**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
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 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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 14th 2002 (407) 370-4997

Date Daytime Phone #

CR2E034 (9/01)