2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000008570

1. Entity Name

TOURIST TRANSPORTATION & TRAVEL, INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91416 034 ***150.00

FILED

Principal Place of Business 4913 CASON COVE DR #234 ORLANDO FL 32811

Mailing Address

4913 CASON COVE DR #234

ORLANDO FL 32811

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
Suite, Apt. #, etc. 233 City & State							i (40)(188) (1)(88)(0 7)0)(48)() 88)() 88)()	ABIN ARIEN TOTAL ARIEN	4011 0011 (001	
233 233 233 233 233 233 234 235	Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			TO CHECK HERE IF MAKING CHANGES			
OB (FM NO FL. OP FN DO FL. OP FN DO FL. OP FN Applicable St. Appli									plied For	
Security					F(- 4.	01-05608 \$ 5	. No	<u>` </u>	
S. Name and Address of Current Registered Agent	Zip	Country	Zip		Country	5.	Certificate of Status Desired			
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	70011									
### Addition #### Addition ###################################	o. Halile and Addises of Odifelt Neglstered Agent									
### Addition #### Addition ### Addition #### Addition #### Addition #### Addition #### Addition #### Addition ##### Addition ###################################	·				Street A	Street Address (P.O. Box Number is Not Acceptable)				
City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, upeat or private name of registered agent and the flappicable. (NOTE: Registered Apent agrature required aftern reintation) DATE	4913 CASON COVE DR #234									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or private mere of registered agent agent and the flapolicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD FILHO, SERGIO SERRANO 49. Election Campaign Financing Added to Fees Added to Fees Added to Fees Added to Fees Make STREET ADDRESS CITY-ST-2P TILE OBelele TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P Delele TILE NAME STREET ADDRESS CITY-ST-2P TILE	ORLANDO FL 32811									
THE NAME ORIGINATURE OPENING TO PRIVATE PROJECTIONS OF FIGURE AND DIRECTORS IN 1 Delete ORIGINATION FOR THE PROJECTION OF THE PROJECTION O					City	City FL Zip Code				
SIGNATURE Signature, typed or printed name of registated agent and title if approaches. (NOTE Registered Agent agrature regulated when reinstating) FILE NOW!!! FEE IS \$150.00			s statement for the purp	oose of changing its	registered office or	registered a	gent, or both, in the State of Florida.	I am familiar with,	and accept	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD FILHO, SERGIO SERRANO 4913 CASON COVE DR #234 ORLANDO FL 32811 Delete NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP Change Addition NAME STREET ADDRESS	the obligat	ions of registered agent.								
After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY	SIGNATURE .	Circle and an administration	of a pintoned arout and title if and	MOTE Alderin	- Registered Apent signat	ure required when	reinetation)	ATE		
## After May 1, 2003 Fee will be \$550.06				I (NOTE	Hagistaled Agent olginal	ore required when	Tomoral gy			
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete ITILE MAME STREET ADDRESS CITY-ST-ZIP CITY-						ruer, e rice	, ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY		• •					irust Fund Contribution.	LJ Added	i to rees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-	10.		FICERS AND DIRECTO		-		DDITIONS/CHANGES TO OFFICERS			
ORLANDO FL 32811		_	DANO	☐ Delete		PD rilto	SERGIO SERRANO.	Change	Addition	
ORLANDO FL 32811						4913	CHSON COVE DR # 2	?33		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP				CITY-ST-ZIP	ORIAI	NDO FL. 3281/			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				Delete				☐ Change	Addition .	
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS									1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		24 000	Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP					•					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS										
STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE			☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS NAME STREET ADDRESS		1.3/2-02		☐ Delete	TITLE			Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS	NAME			•					1	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS									•	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS				□ Delete				Change	Addition	
									_	
	STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					

12. 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE