

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90297 043 ***158.75

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DOCUMENT # P02000049914

1. Entity Name
TOUR USA INC.



Principal Place of Business
**4623 W. IRLO BRONSON MMRL HWY
KISSIMMEE FL 34746**

Mailing Address
**1789 SHADOW OAKS RD
KISSIMMEE FL 34744**

11019658



2. Principal Place of Business

4563 W IRLO BRONSON MMRL HWY
Suite, Apt. #, etc.

3. Mailing Address

5444 E MICHIGAN ST
Suite, Apt. #, etc.
APT 6

☒ CHECK HERE IF MAKING CHANGES

City & State
KISSIMMEE FL

City & State
ORLANDO FL

4. FEL Number
352168189

Applied For
Not Applicable

Zip
34746 Country
OSCEOLA

Zip
32812 Country
ORANGE

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

6. Name and Address of Current Registered Agent

**MASHHOUR, MOHAMED
1789 SHADOW OAKS RD
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name
MOHAMMED BOUAYAD
Street Address (P.O. Box Number is Not Acceptable)
5444 E MICHIGAN ST #6
City
ORLANDO FL Zip Code
32812

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 ☒ **MOHAMMED BOUAYAD** **4-1-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MASHHOUR, MOHAMED	
STREET ADDRESS	1789 SHADOW OAKS RD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOUAYAD, MOHAMMED	
STREET ADDRESS	5444 E MICHIGAN ST #6	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/BOUAYAD MOHAMMED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5444 E MICHIGAN ST #6	
STREET ADDRESS	ORLANDO FL 32812	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

MOHAMMED BOUAYAD **4-1-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)