

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90096 027 ***150.00

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DOCUMENT # P02000057855

1. Entity Name

USA LATINO CRUISES & TOURS, INC.



Principal Place of Business

1524 WATTS AVE

ORLANDO FL 32809

Mailing Address

1524 WATTS AVE

ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

P.O. Box 560956

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32856 USA

4. FEI Number

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

BAUMAN, RAMONA

1524 WATTS AVE

ORLANDO FL 32809

Name

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
BAUMAN, RAMONA
PO BOX 560956
ORLANDO FL 32856**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-2003

Date

407-850-0710

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT
P02000057855
80140724

USA LATINO CRUISES & TOURS INC
BOX 560956
ORLANDO FLORIDA 32856

Divisions of corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl. 32302

Attention:

This letter is to inform your office that I did not receive any prior notice of Uniform Business Report. . Please waive the late fee.

I am enclosing the \$150 fee that you require with this form..

Thank you.,

President,

Ramona Bauman

