



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 AUG -4 AM 8:00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000075720			
1. Entity Name LOCAL TOURS, INC.			
Principal Place of Business 8460 SW 154TH AVENUE #110 MIAMI, FL 33193		Mailing Address 8460 SW 154TH AVENUE #110 MIAMI, FL 33193	
2. Principal Place of Business 11890 SW 35 TERR		3. Mailing Address 11890 SW 35 TERR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33175	Country USA	Zip 33175	Country USA
4. FEI Number 16-1615728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, MARIA T 2700 SW 37 AVENUE #2 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name DOMENICO SCAVO Street Address (P.O. Box Number is Not Acceptable) 11890 SW 35 TERR. City MIAMI FL Zip Code 33175	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)</small>			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SVACO, DOMENICO 8460 SW 154TH AVENUE #110 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCAVO, DOMENICO 11890 SW 35 TERR. MIAMI, FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200022037662 08/04/03--01034--005 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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: 		8/1/03 786-402-6634	
SHOW NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <input type="checkbox"/> Days Phone #	

CRREC034 (10/02)

08/01/2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Document Number P02000075720 Local Tours, Inc.

Dear Sir or Madam:

Please accept this letter as my request, on behalf of Local Tours, Inc., that the \$400.00 penalty for filing the UBR be waived. This request is being filed on the grounds that Local Tours, Inc., has never received the informational booklet that is sent out by the division alerting the mandatory payment prior to May 1st of every year.

Thank you beforehand for considering my request and please contact me at the below information with any further questions or comments.

Sincerely,



Domenico Scavo
President, for the firm