

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90212 010 \*\*\*158.75

DOCUMENT # P02000089959

1. Entity Name  
TAM TOUR, INC.



Principal Place of Business  
7289 NW 127TH WAY  
PARKLAND FL 33076

Mailing Address  
7289 NW 127TH WAY  
PARKLAND FL 33076

55040232



2. Principal Place of Business

11555 HILTON WAY BLVD

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33076

Country

Blowdown

Zip

Country

4. FEI Number

51-0427909

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HRAWG CORP.  
1801 N MILITARY TRAIL SUITE 200  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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 \$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 JOHN S MONROE (PST) ☐ Delete  
NAME 7289 NW 127TH WAY  
STREET ADDRESS PARKLAND, FL 33076  
CITY-ST-ZIP

TITLE CONSTANTINE J HATZIVASSILIOU ☐ Delete (VP)  
NAME 4741 NE 25TH AVE  
STREET ADDRESS APT 1000, FL 33308  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

(854) 752-1411

Daytime Phone #

CR2E034 (10/02)