

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

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90004 002 \*\*\*150.00

DOCUMENT # **P03000073744**

1. Entity Name **Peacock TOURS INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**FLORIDA**  
Suite, Apt. #, etc.  
**500-VIA LUGANA CIRCHE**

City & State  
**BOYNTON BEACH FL**

Zip **33436** Country **PALM BEACH**

3. Mailing Address

**P.O. Box 542077**  
**GREENACRES FL 33454**  
Suite, Apt. #, etc.  
**#201**

City & State

Zip **33436** Country

4. FEI Number

**37-1470325**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$6.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Peacock TOURS**

Street Address (P.O. Box Number is Not Acceptable)  
**500-VIA LUGANA CIRCHE SUITE #201**

City **BOYNTON BEACH**

**FL**

Zip Code **33436**

**DO NOT WRITE  
IN THIS SPACE**

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 **MORTON P. BERNSTEIN**  
Signature, typed or printed name of registered agent and title if applicable.

**Morton P. Bernstein**

**05-27-04**  
DATE

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME **PRESIDENT**  
**MORTON P. BERNSTEIN**  
STREET ADDRESS  
**500-VIA LUGANA CIR. SUITE 201**  
CITY-ST-ZIP  
**BOYNTON BEACH, FL 33436**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MORTON P. BERNSTEIN**

**Morton P. Bernstein**

**05-27-04**  
Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

44046149 05-27-04

Dear Sirs, Madam

Please Be ADVISED THAT I HAD  
NEVER RECEIVED THIS FORM

Thank you

Dr. B. B. B.  
Peacock Tours Inc.