

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

FILED

09 OCT 15 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000084810

1. Entity Name

SUNSCAPE TOURS INC



DO NOT WRITE IN THIS SPACE

100161769261
10/15/09--01036--003 **150.00

2. Principal Place of Business

2151 NORTH STATE RD 7

3. Mailing Address

2151 NORTH STATE RD 7

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

MARGATE, FL

City & State

MARGATE, FL

Zip

33068

Country

U.S.

Zip

33068

Country

U.S.

REINSTATEMENT 2009

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-3369944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MIKE GUZMAN

Street Address (P.O. Box Number is Not Acceptable)

2151 NORTH STATE RD 7

SUITE 101

City MARGATE

FL

Zip Code

33068

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)

10/09/09

DATE

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
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MIKE GUZMAN
2151 NORTH STATE RD 7 SUITE 101
MARGATE, FL. 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/09

Date

305 8885260

Daytime Phone #

CR2E034B (12/02)

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SUNSCAPE TOURS INC
2151 NORTH STATE RD 7
SUITE 101
MARGATE, FL 33068

OCTOBER 09, 2009

TO:
FLORIDA DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE, FL 32314

REF: ANNUAL REPORT AND AMENDMENT
SUNSCAPE TOURS INC
DOCUMENT NUMBER: P08000084810

I HAVE NOT RECEIVED INFORMATION ABOUT ANNUAL REPORT.

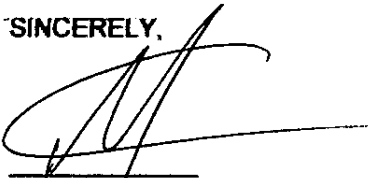
THEREFORE I AM SENDING THE CHECK # 201 PAYABLE TO FLORIDA DEPARTMENT OF STATE FOR \$ 150.00 (ONE HUNDRED FIFTY AND 00/100).

ALSO, I AM SENDING A COPY OF THE AMENDMENT AND THE MONEY ORDER FOR \$ 35.00 (THIRTY FIVE AND 00/100) OF THE AMENDMENT THAT I SENT.

I AM SO SORRY ABOUT THAT AND I WILL IF YOU COULD HELP ME WITH THIS MATTER.

THANK YOU IN ADVANCE FOR YOUR ATTENTION.

SINCERELY,

A handwritten signature in black ink, appearing to read 'Mike Guzman', written over a horizontal line.

MIKE GUZMAN
PRESIDENT