P08000084810

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/28/09--01019--006 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend ch 8 Name ch 8 Na 10/14/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	SUNSCAPE TOURS INC			
DOCUMENT NUMBER:	P08000084810			
The enclosed Articles of Amendment and	fee are submitted for filing.			
Please return all correspondence concernin	g this matter to the following:			
MIKE GUZMAN				
Name of Contact Person				
SUNSCAPE TOURS INC				
Firm/ Company				
2151 NORTH STATE RD 7 SUITE 101				
Address				
	MARGATE FL 33068			
City/ State and Zip Code				
E-mail address: (to b	e used for future annual report notification)			
For further information concerning this ma	tter. please call:			
MIKE GUZMAN	at (305) 8885260			
Name of Contact Person	Area Code & Daytime Telephone Number			
Mailing Address Amendment Section	Street Address Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee. FL 32314	2661 Executive Center Circle Tallahassee. FL 32301			

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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.

MIKE GUZMAN PRESIDENT



October 15, 2009

MIKE GUZMAN
SUNSCAPE TOURS INC 2ND MAILING
2151 NORTH STATE RD 7 - STE. 101
MARGATE, FL 33068

SUBJECT: SUNSCAPE TOURS INC

Ref. Number: P08000084810

We have received your document for SUNSCAPE TOURS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2009 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 309A00031895

Irene Albritton Regulatory Specialist II



October 1, 2009

MIKE GUZMAN SUNSCAPE TOURS INC 2181 NORTH STATE RD 7 - STE. 101 MARGATE, FL 33068

SUBJECT: SUNSCAPE TOURS INC

Ref. Number: P08000084810

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Letter Number: 309A00031895

Irene Albritton Regulatory Specialist II

Division of Corporations - P.O. ROX 6327 - Tallahassae Florida 32314

Articles of Amendment to Articles of Incorporation of

SUNSCAPE TOURS	SINC	
(Name of Corporation as currently flied with	the Florida Dept. of State)	
P08000084810	1	
(Document Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ntes, this Florida Profit Corporation adop	ts the following
A. If amending name, enter the new name of the corporation	on:	
CARIBBEAN WORLDWIDE INTER	NATIONAL CORP	The new
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	Corp, " "Inc, " or "Co". A professional co	i" or the proration
B. Enter new principal office address, if applicable:	2151 NORTH STATE RD 7	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 101	
	MARGATE FL 33068	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· ·
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		<u>ie</u>
Name of New Registered Agent:		
New Registered Office Address: (Flor	ida street address)	
	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam	Agent: iliar with and accept the obligations of the	position.
Signature of New	v Registered Agent, if changing	

The date of each amendment(s) a	adoption: 09-23-2009
	(date of adoption is r eq uired)
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
(AC	r more man 90 days after amenament fue dater
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	27
(voi	ting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated_09-23-2	009
Signature	AAA -
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MIKE GUZMAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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