

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011641

1. Entity Name

SAFARI TOURS INC.

Principal Place of Business

148 SUNNY ISLES BLVD
NORTH MIAMI BEACH FL 33160
US

Mailing Address

148 SUNNY ISLES BLVD
NORTH MIAMI BEACH FL 33160-4207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0374098

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITO, LUIS G.
407 LINCOLN RD. SUITE 5B
MIAMI BEACH FL 33139

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MASTELLA, SANDRO
1760 NE 197 TER
N.M.B. FL 33179 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
TOIBERMAN, GABRIEL
440 ESPANOLA WAY
MIAMI BEACH FL 33139 ☐ Delete

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13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRO MASTELLA

Date

Daytime Phone #

01/23/2000 305 933 706

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90009 003 ***150.00



DO NOT WRITE IN THIS SPACE