

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90200 001 ***150.00

DOCUMENT # P93000017219

1. Entity Name
MEG TOURS, INC.

Principal Place of Business

1150 NW 72ND AVE
STE 730
MIAMI FL 33126
US

Mailing Address

1150 NW 72 AVE
STE 730
MIAMI FL 33126
US

2. Principal Place of Business

1150 NW 72 AVE

3. Mailing Address

1150 NW 72 AVE

Suite, Apt. #, etc.

SUITE 410

Suite, Apt. #, etc.

SUITE 410

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0397311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATS, GABRIEL

151 MAJORCA AVE.

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

EDUARDO GALLARDO

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

178 CRANDON BLVD # 24

City

KEY BISCAYNE

FL

Zip Code

33149

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  **EDUARDO GALLARDO**

4/10/2002

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, 2002 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

TITLE **PCD** ☒ Delete
NAME **CARCASES, CLELIA**
STREET ADDRESS **7985 SW 86TH ST, APT 407**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VTSD** ☒ Delete
NAME **CARCASES, MARIELA**
STREET ADDRESS **8301 SW 142ND AVE, APT B201**
CITY-ST-ZIP **MIAMI FL 33183**

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Change ☐ Addition
NAME **MARIA GALLARDO**
STREET ADDRESS **798 CRANDON BLVD #24**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VTSD** ☒ Change ☐ Addition
NAME **EDUARDO GALLARDO**
STREET ADDRESS **798 CRANDON BLVD #24**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

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

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

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

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

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 if 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

EDUARDO GALLARDO

Date

4/10/2002

Daytime Phone #

597-9731

305-367-7280

CR2E034 (9/01)