2001 UNIFORM BUSINESS REPORT (UBR)

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FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P93000044329 MISS TOURISM INTERNATIONAL BEAUTY PAGEANT, INC. 05-14-2001 90014 041 ***158.75 Mailing Address Principal Place of Business PO BOX 2527 2105 PONCE DE LEON AVENUE PALM BEACH FL 33480 WEST PALM BEACH FL 33407 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0485641 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BIRMINGHAM. PATRICIA** Street Address (P.O. Box Number is Not Acceptable 2105 PONCE DE LEON AVE. WEST PALM BEACH FL 33407 Zip Code City FL 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. *****DURING THE NEXT TWO TO THREE MONTHS THE ADDRESS OF PLACE OF BUSINESS AGENT WILL CHANGE, WE WILL ADVISE YOUR OFFICE ASAP. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1,1 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE BIRMINGHAM, PATRICIA NAME NAME STREET ADDRESS 2105 PONCE DE LEON AVE. STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33407 CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME BIRMINGHAM, SIBYL L. NAME STREET ADDRESS 2105 PONCE DE LEON AVE. STREET ADDRESS CITY-ST-ZIP City-St-ZiP W. PALM BEACH FL 33407 ☐ Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME ADDRESS STREET ADDRESS 2. or Ha Y-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes' 1-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 attendment with an address with all other like empowered.