2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNIFORM BUSI	NESS REPO	PRT (	UBR)						
	MENT # P93000044	329				Paramon of the second				
1. Entity Name MISS TOURISM INTERNATIONAL BEAUTY PAGEANT, INC.										
Principal Place of Business Mailing Address						01 OCT 17 PM 2: 33				
The second secon						SECRETARY de	CTATE			
1084 Madison Chase #6 P. O. BOX 2527 West Palm Beach, FL. Palm Beach, FL				33480		SECRETARY OF TALLAHASSEE. I	FLORIDA			
33411						60000041		26	17	
<b>6</b> Data - 1 1 /	Discount Developmen	Lo Marria Addison	٠;.		_		010101			
2. Principal Place of Business 3. Mailing Add 1084 Madison Chase P. O.						*****6	1.25 **	***6	1.25	
Suite, Apt	#, etc.	P. 0. BOX 2527 Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPAC	E		
	#6 	City 8 State			ļ., <u>.</u>			T TA-		
City & Star	Palm Beach.FL33411	City & State Palm Beach. FL. 33480			El Number -0485641			pplied For at Applicable		
Zip	Country	Zip Country			5. Certificate of Status D				litional	
33411	USA	33480	USA				Fee F	Required		
	6. Name and Address of Current I	Registered Agent	-	Name	- 1	ame and Address of New Re	gistered Agent			
PATRICIA (PAT) RIEMINGHAM						ONE				
1084 Madison Chase #6				Street Address (P.O. Box Number is Not Acceptable)						
West Palm Beach, FL., 33411										
			F	City			FL Z	ip Code	e	
8 The above	e named entity submits this statement for	the nurnose of changing its	s registered	office or register	ed age	nt or both in the State of Flori		<del></del>		
	ADDRESS CHANGE ONLY	the purpose of changing its	3 registered	onice or register	ca ago	na, or boar, in the state of hon				
SIGNATURE		•					Ocher 10	), 20	001	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registered A	Agent signature required	l when rein	estating)	DATÉ			
	oration is eligible to satisfy its Intangible	FILE NOW	Sec. 25 2 1 7			10. Election Campaign Final	ncing	\$5.0	<b>0</b> May Be	
-	requirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Payal			te	Trust Fund Contribution.			to Fees	
11.	OFFICERS AND I	* * * * * * * * * * * * * * * * * * *	12.	<u> </u>		DITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	3 IN 11	
TITLE	PRESIDENT, CEO	☐ Delete	TITLE			· I	\ddres\$\vec{X}	hange	☐ Addition	
NAME STREET ADDRESS	PATRICIA (PAT) BIRMING		NAIVIE	ADDRESS						
CITY-ST-ZIP	S 1084 Madison Chase #6 West Palm Beach, FL. 33411		CITY-S				ddress			
TITLE	SECRETARY Delete					<i>E</i>		hange	Addition	
NAME	SIBYL BIRMINGHAM	u( /	NAME			_				
STREET ADDRESS CITY-ST-ZIP	1084 Madison Chase ; West Palm Beach, FL		STREET CITY-S	ADDRESS T- 7(P						
UILE *****ADDRESS CHABGES OF AGENT Delete							П	hange	Addition	
NAME—ONLY						يساء يستسد المستواد	<del></del>		/	
STREET ADDRESS CITY-ST-ZIP	,			ADDRESS						
TITLE	V	□ Dalata	CITY-ST	1-217				Change	Addition	
NAME		☐ Delete	TITLE NAME					nange		
STREET ADDRESS	_	·		ADDRESS		. /				
CITY-ST-ZIP			CITY-ST	T-ZIP				<u> </u>		
TITLE NAME		☐ Delete	TITLE NAME				. ITA	handa ,	h Addition	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-SI	Γ- ZIP					· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ Delete	TITLE				গ্ৰ	hangr	ition	
NAME STREET ADDRESS			NAME STREET	ADDRESS /		-				
CITY-ST-ZIP	· ·		CITY-ST							
13. I hereby	certify that the information supplied with	this filing does not qualify for	r the exemp	otion stated in Se	ction 11	19.07(3)(i), Florida Statutes. I fu	urther certify tha	at the in	formation	
indicated of the cor	on this report or supplemental report is, poration or the receiver or trustee empor	rue and accurate and that r wered to execute this report	ny signatur .as*requir <u>e</u> c	e snaii nave the s d by Chapter 607	same le: , Florida	gai errect as it made under oa: a Statutes; and that my name a	iri; triat i am an appears in Bloc	bilicer of k 11 or	Block 12 if	

SIGNATURE: SICHATRICIA (PAT) BIRM NCHAM FCEPRESTIENT, CEO

(561)947-9099 OCTOBER 10, 2001 Daytone Phone #