

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049165

1. Entity Name
GO USA TOURS, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90313 039 ***150.00

Principal Place of Business

433 S. ATLANTIC BLVD.
FORT LAUDERDALE FL 33315
US

Mailing Address

433 S. ATLANTIC BLVD.
FORT LAUDERDALE FL 33315
US

2. Principal Place of Business

3013 S.E. 5th Street
Suite, Apt. #, etc.

3. Mailing Address

3013 S.E. 5th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL
Zip 33316 Country USA

City & State

Fort Lauderdale, FL
Zip 33316 Country USA

4. FEI Number 65-0428035

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARZENBACH, GEORGE
433 S. ATLANTIC BLVD.
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3013 S.E. 5th Street
City Fort Lauderdale FL Zip Code 33316

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, 2001 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 | DP | <input type="checkbox"/> Delete |
| NAME | SCHWARZENBACH, GEORGE | |
| STREET ADDRESS | 320 POINCIANA DR | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | DIAZ, ANNEMARIE | |
| STREET ADDRESS | 901 NE 24TH AVENUE | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: A. Diaz Annemarie DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/01 954-4635583
Date Daytime Phone #

CR2E034 (10/00)