

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91190 028 ***150.00

DOCUMENT # **P93000059637**

1. Entity Name

TRANSAMERICA TOURS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6233 INTERNATIONAL DR

3. Mailing Address

7345 SAND LAKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

ORLANDO FL

4. FEI Number

59-3199334

Applied For

Not Applicable

Zip

32819

Country

Zip

32819

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

JUAN C. JARAMILLO

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

139 HUAREZ CT.

City

DAVENPORT

FL

Zip Code

33896

**DO NOT WRITE
IN THIS SPACE**

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

04/30/02

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P-S-D
JARAMILLO JUAN C.
139 HUAREZ CT.
DAVENPORT FL 32896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T-D
TURTADO JUAN C.
6105 RALEIGH ST. #301
ORLANDO FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/02 (407) 468-6833