

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90216 025 ***150.00

DOCUMENT # P93000065062

1. Entity Name
DISTINCTIVE TOURS, INC.

Principal Place of Business

233 N. FEDERAL HWY
37
DANIA FL 33004
US

Mailing Address

233 N. FEDERAL HWY
SUITE 37
DANIA FL 33004
US

2. Principal Place of Business

1904 S. OCEAN DR.

3. Mailing Address

1904 S. OCEAN DR.

Suite, Apt. #, etc.

908

Suite, Apt. #, etc.

908

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

65-0437056

Applied For

Not Applicable

Zip
33009

Country
BROWARD

Zip
33009

Country
BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERVAIS, PAULINE
1904 SOUTH OCEAN DRIVE., #908-S
~~**TOWER 500, SUITE 2103**~~
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 **D** ☐ Delete
NAME **GERVAIS, PAULINE**
STREET ADDRESS **1904 SOUTH OCEAN DRIVE., #908-S**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☐ Delete
NAME **MANON, ASSELIN C**
STREET ADDRESS **2633 TAFT ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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: *X Pauline Gervais*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/02 954-456-1466
Date Daytime Phone #

CR2E034 (9/01)