

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067739

1. Entity Name

TOURISTIC WORLD, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90041 021 \*\*\*150.00

Principal Place of Business

8903 SW 150 PL CIRCLE  
 MIAMI FL 33196  
 US

Mailing Address

8903 SW 150 PL CIRCLE  
 MIAMI FL 33196-1312  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0584294**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSUEGRA, LUIS A  
 780 N.W. 42ND AVE. #300  
 MIAMI FL 33126

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
 NAME **DEPAS, CHRISTINA M**  
 STREET ADDRESS **8903 S.W. 150 PL CIRCLE**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **PS** ☒ Change ☐ Addition  
 NAME **CHRISTINA MARRA**  
 STREET ADDRESS **8903 S.W. 150 PL CIRCLE**  
 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **V** ☐ Delete  
 NAME **MARRA, MOACIR**  
 STREET ADDRESS **8903 S.W. 150 PL CIRCLE**  
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 **CHRISTINA MARRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/19/00**

**305-388-7993**