

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000021303**

1. Entity Name  
**COSMOPOLITAN TOURS INTERNATIONAL, INC.**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90193 002 \*\*\*150.00

Principal Place of Business

**924 NE 20TH AVE  
FT LAUDERDALE FL 33304**

Mailing Address

**924 NE 20TH AVE  
FT LAUDERDALE FL 33304**

2. Principal Place of Business

**500 S.E. 11th CT  
Suite, Apt. #, etc.**

3. Mailing Address

**500 S.E. 11th CT  
Suite, Apt. #, etc.**

City & State

**Ft. Lauderdale FL**

City & State

**Ft. Lauderdale, FL**

Zip

Country

Zip

Country

**33316 Broward**

**33316 Broward**

4. FEI Number **65-0588645**

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

**ARNABOLDI, GIOVANNI  
16 PELICAN ISLE  
FT LAUDERDALE FL 33304**

**1111 E LAS OLAS BLVD.  
FT. LAUDERDALE, FL.  
33301**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete  
NAME **MANGOVSKI, SLAVKO**  
STREET ADDRESS **5300 NE 6TH AVE H**  
CITY-ST-ZIP **OAKLAND PARK FL**

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

TITLE **VPT** ☐ Delete  
NAME **ARNABOLDI, GIOVANNI**  
STREET ADDRESS **16 PELICAN DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**745900**



DO NOT WRITE IN THIS SPACE