

FILED
Apr 30, 2003 8:00 am
Secretary of State
04.20.2002.0001.5.010.****1.50.00

DOCUMENT # P95000053522 1. Entity Name SUN BEST TOURS, INC.					Secretary of State 04-30-2003 90016 019 ***150.00				Ą
Principal Place of Business 1820 NW 194TH ST MIAMI FL 33056 US		Mailing Address 1820 NW 194TH ST MIAMI FL 33056 US							
2. Principal F	Place of Business	3. Mailing Address			11881	INDER STANDARFOR MARTE BROOK BASI	N MAINT DINGS INTO STATE	11010 1101 1061	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK_HERE IF M	AKING CHANGES		
City & State		City & State			4. FEI Numb	^{ber} 65-0600104	——	plied For of Applicable	}
Zip	Country	Zip	Count	ту	5. Certificat	e of Status Desired	\$8.75 Add	litional	1
	6. Name and Address of Current I	Registered Agent			7. Name an	d Address of New Regis			1
				Name					1
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD			Street Address (P.O. Box Number is Not Acceptable)						
343 ALME	eria avenue								_
CORAL G	ABLES FL 33134								
			}	City			FL Zip Cod	e	1
9 The above	named entity submits this statement for	the purpose of abousing its	rogiatoro	d office or region	arad agant or b	oth in the State of Elevide		and accept]
	tions of registered agent.	The purpose of changing its	registere	a once or regis	ereu agent, or be	our, in the state of Florida.	rani falimai witi,	and accept	
									1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature requi	red when reinstating)		DATE		
	FILE NOW!!! FEE IS \$150.00								1
Afte	r May 1, 2003. Fee will be \$550.00 k Payable to Florida Department of	State		المن المنظم المن المنظم المناطقة المنظم المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة	9. E	lection Campaign Financi rust Fund Contribution.		O May Be I to Fees	
10.	OFFICERS AND	<u>_</u>	11.		ADDITIONS	S/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11	-
TITLE	PD	Delete	TITLE		ADDITION C	your water to our total	☐ Change	Addition	ବ୍ୟ
NAME STREET ADDRESS CITY-ST-ZIP	FULLWOOD, MOSES 12982 NORTHWEST 64TH STREET MIAMI FL 33147		NAME Stree	ſ					CR2E034 (10/02)
TITLE	TD	□ Delete	TITLE				Change	Addition	뛶
NAME	STRONG, CLARENCE JR.	L Delete	NAME	,	. (<u></u>	0
STREET ADDRESS	2982 NORTHWEST 64TH STREET	•	STREE	T ADDRESS	JIVYY				
CITY-ST-ZIP	MIAMI FL 33147		CITY-	ST-ZIP	1 X V				}
TITLE	S	☐ Delete	TITLE		' `		Change	Addition	
NAME	STRONG, FLORENCE		NAME		\supset l	-			} .
STREET ADDRESS CITY-ST-ZIP	2982 NORTHWEST 64TH STREET			T ADDRESS ST-ZIP	/ '				'
	MIAWI FL 33147	D Bulay	╂		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	}
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	i			T ADDRESS					<u> </u>
CITY_ST_ZIP			-≟ Cπy-	ST-ZIP					_
TITLE		Delete	TITLE			Up.	☐ Change	Addition]
NAME			NAME	l		1			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		.•			
TITLE		□ Delete	TITLE				☐ Change	Addition	1
NAME	İ		NAME						1
STREET ADDRESS				T ADDRESS					
CITY - ST-ZIP	1		CITY-	ST-ZIP		a.			1

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attact ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Date

Daytime Phone #