2/2: 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000059223 1. Entity Name 00 JUL 31 PM 2: 18 H.M. TRAVEL & TOURS, INC. SECRETARY OF STATE TXEE PRESSES, PUGRICA Principal Place of Business Mailing Address 800 NORTH THACKER AVE. 600 NORTH THACKER AVE. SUITE D-97 SUITE D-37 KISSIMMEE PL 33173-3264 KISSIMMEE FL 34741 2. Principal Place of Business Mailing Address SUNSET DRIVE 9240 SWSET 9240 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WHITE IN THIS SPACE SULTE 222 SWITE Applied For City & State 4. FEI Number 59-3329064 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HLGO MUZI. HUGO M 600 NORTH THACKER AVE SUITE D-37 KISSIMMEE FL 34741 ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statem SIGNATURE A FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change PLESIDENT ☐ Addition TITLE Delete TITLE MUZI, HUGO M IFUM. HNEO NAME NAME #102 600 N THACKER AVE STE D-37 STREET ADDRESS 107 AVE STREET ADDRESS 50 CATY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP Addition MLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oeleta Change Addition MILE-E-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP DITY-ST-ZIP ☐ Chance ☐ Additio THLE ☐ Delete TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Additic ME ☐ Delete MLE Change NALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 suppliemental report is truefand 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 in changed, or on an attackment with an address, with fall other like empowered.

SIGNATURE: ע

PRES- 2-14-00

(803)453-0505



## H.M. Travel & Tours, Inc.

9240 Sunset Drive • Suite 222 Miami, Florida 33173 Phone: (305) 270-9440 • Fax: (305) 270-1699 • 1-800-453-0505

7/25/00

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Subject: H.M. TRAVEL & TOURS, INC.

Ref. Number: P95000059223

Dear Sir/ Madam:

Enclosed we are sending you all the documentation received, please take note that The correct address is the one that we sent on the 2000 Uniform Business Report (UBR) on date 02/14/00. In your letter dated May 5, 2000 the number in the address Was wrong. Also we are enclosing copy of our check # 1872 for \$ 150.00 paid to The order of Department of State.

Thanks for your cooperation.

Sincerely,

H.M. TRAVEL & TOURS, INC.