

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000066024**

1. Entity Name

TUCHMAN TOURS, INC.**FILED****Mar 17, 2000 8:00 am**
Secretary of State

03-17-2000 90045 036 ***150.00

Principal Place of Business

**7270 N.W. 12 STREET
SUITE 255
MIAMI FL 33126**

Mailing Address

**7270 N.W. 12 STREET
SUITE 255
MIAMI FL 33126-1920**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0604360

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

**GLINSKY, MICHAEL
2655 LE JEUNE ROAD, SUITE 1111
CORAL GABLES FL 33134**

Name

Michael GLINSKY

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

169 EAST FLAGLER Street #1518

City

MIAMI

FL

Zip Code

33131

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL GLINSKY**1/4/00**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTD TUCHMAN, EDDY 7270 NW 12TH ST STE 255 MIAMI FL	<input type="checkbox"/>		
VSD TUCHMAN, ALIZA 7270 SW 12TH ST STE 255 MIAMI FL	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

3/10/00

Date

305-629-2500

Daytime Phone #