

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068103

1. Entity Name

LARSEN TOURS U.S.A., INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90059 016 ***150.00

Principal Place of Business

900 BAY DR
#605
MIAMI BEACH FL 33141

Mailing Address

900 BAY DR
#605
MIAMI BEACH FL 33141-5631

2. Principal Place of Business

900 BAY DR

Suite, Apt. #, etc.

605

City & State

MIAMI BCH

Zip

33141

Country

USA

3. Mailing Address

900 BAY DR

Suite, Apt. #, etc.

605

City & State

MIAMI BCH

Zip

33141

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0681499

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORELL, DAN
900 BAY DR, #605
MIAMI BEACH FL 33161

7. Name and Address of New Registered Agent

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

NATALIA GORELL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04.15.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P
GORELL, DAN
6061 COLLINS AVE
MIAMI BEACH FL 33140

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VP
GORELL, NATALIA
6061 COLLINS AVE
MIAMI BEACH FL 33140

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

P
DAN GORELL
900 BAY DR #406
MIAMI BCH, FL 33141

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

VP
NATALIA GORELL
900 BAY DR #406
MIAMI BCH, FL 33141

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

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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

NATALIA GORELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.15.00