

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080947

1. Entity Name

BTR - BRAZILIAN TRAVEL REPRESENTATIVES, INC

Principal Place of Business

Mailing Address

7031 GRAND NATIONAL DR
SUITE 110
ORLANDO, FL 32819
USA

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3339870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INDIA NARA PADOVANI
7512 DR PHILLIPS BLVD SUITE 50
BMB 179
ORLANDO, FL 32819

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

P/ Israel Sami Matar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/23/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW WITH FEES \$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 D ☐ Delete
NAME JOAO A. HORTA
STREET ADDRESS 7512 DR PHILLIPS BLVD STE 50
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Change ☐ Addition
NAME 900-00-ADM
STREET ADDRESS 61-25-AR
CITY-ST-ZIP 88-75-ARESUP

TITLE D ☐ Delete
NAME INDIA NARA PADOVANI
STREET ADDRESS 7512 DR PHILLIPS BLVD STE 50
CITY-ST-ZIP ORLANDO, FL 32819

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

P/ Israel Sami Matar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/01

Date

407-226-1919

Daytime Phone #

CR2E034 (11/00)