

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088006

1. Entity Name

VACATIONS USA TOURS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90088 031 ***150.00

Principal Place of Business

Mailing Address

1440 J F KENNEDY CSWY
 315
 NORTH BAY VILLAGE FL 33141
 US

1440 J F KENNEDY CSWY
 315
 NORTH BAY VILLAGE FL 33141-4135
 US

2. Principal Place of Business

1440 J F KENNEDY CSWY

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State
 NORTH BAY VILLAGE FL

Zip
 33141

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0625036

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

MOFFAT, ANA L
 3211 PONCE DE LEON BOULEVARD, SUITE 201
 CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☒ Delete
 NAME ARMAJOR, ARTURO
 STREET ADDRESS 7601 EAST TREASURE DRIVE, SUITE 1104
 CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE PD ☒ Change ☐ Addition
 NAME ARMAJOR, ARTURO
 STREET ADDRESS 18021 BISCAYNE BLVD APT 1704
 CITY-ST-ZIP SUEVILLA, FL 33160

TITLE VSTD ☒ Delete
 NAME HADID, EVELYN C
 STREET ADDRESS 7601 EAST TREASURE DRIVE, SUITE 1104
 CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE VSTD ☒ Change ☐ Addition
 NAME HADID, EVELYN C.
 STREET ADDRESS 18021 BISCAYNE BLVD APT 1704
 CITY-ST-ZIP SUEVILLA, FL 33160

TITLE D ☒ Delete
 NAME HADID, CLAUDIA E
 STREET ADDRESS 7601 E TREASURE DR 1104
 CITY-ST-ZIP NORTH BAY VILLAGE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 305-861-7606

Date

Daytime Phone #

CR2E034 (9/99)