2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State P95000094342 **DOCUMENT #** 1. Entity Name PLANET TRAVEL & TOURS, INC. 05-21-2002 91196 028 ***150.00 Mailing Address Principal Place of Business 2305 NW 107TH AVE 2305 NW 107TH AVE 1M18, MFZ BOX 47 1M18. NFZ BOX 47 **MIAMI FL 33172** MIAMI FL 33172 ШS 2. Principal Place of Business 2315 N.W 107 AVE 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. MF2 Box-47 Applied For City & State 4. FEI Number 65-0655754 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JEROME J. PELLISSERY Street Address (P.O. Box Number is Not Acceptable) 2305 NW 107TH AVE, SUITE 1M18 MIAMI FREE TRADE ZONE BOX 47 Zip Code **MIAMI FL 33172** City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 ☐ Addition TITLE ☐ Delete TITLE JEROME J. PELLISSERY NAME NAME 1483 ESTANCIA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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.

FILED