

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096703

1. Entity Name

DISNEY TRAVEL AND TOURS, INC.

Principal Place of Business

15812 SW 137 AVE  
MIAMI FL 33177  
US

Mailing Address

14382 SOUTHWEST 159TH STREET  
MIAMI FL 33177-6871

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0639924

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

BARCELLOS, KLINGER DISNEY  
14382 SOUTHWEST 159TH STREET  
MIAMI FL 33177-6871

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  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GOMES, JOSE L  
1901 BRICKELL AVE. APT 509 B  
MIAMI FL 33129 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VPT  
GOMES, MARIA C  
14382 SW 159 STREET  
MIAMI FL 33177-6871 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BARCELLOS, KLINGER D  
14382 S.W. 159 STREET  
MIAMI FL 33177 ☐ Delete

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DISNEY TRAVEL AND TOURS, INC. D. BARCELLOS 01 / FEB / 00 305 235-7  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #