

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003708

1. Entity Name

TOURISM MARKETING INTERNATIONAL, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90190 022 ***150.00

Principal Place of Business

10221 NW 57TH ST
MIAMI FL 33178

Mailing Address

10221 NW 57TH ST
MIAMI FL 33178

2. Principal Place of Business

3047 Allamanda St.

3. Mailing Address

3047 Allamanda St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL.

City & State

Miami FL.

Zip

33133

Country

USA

Zip

33133

Country

USA

6. Name and Address of Current Registered Agent

DELGADO, PEDRO P
1320 S DIXIE HWY, SUITE 220
CORAL GABLES FL 33146

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

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, 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

TITLE	PV	<input checked="" type="checkbox"/> Delete
NAME	PAS, TOM	
STREET ADDRESS	10221 NW 57TH ST	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	P.V.	<input type="checkbox"/> Delete
NAME	PAS, Tom.	
STREET ADDRESS	3047 Allamanda St.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom PAS.	
STREET ADDRESS	Allamanda St. 3047	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/29/01

Date

305-444-7783

Daytime Phone

CR2E034 (10/00)