

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P96000006122

1. Entity Name

GITACHE TOURS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

02-07-2000 90015 010 ***150.00

Principal Place of Business
7616 SOUTHLAND BLVD.
STE 104
ORLANDO FL 32809
US

Mailing Address
7616 SOUTHLAND
STE 104
ORLANDO FL 32809-6976
US

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 59-3359052

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

PRIETO, ANTONIO
1849 SO. KIRKMAN ROAD APT. 1116
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name CARMEN H. N. PAIVA
Street Address (P.O. Box Number is Not Acceptable) 1849 S. KIRKMAN RD. APT 1116
City ORLANDO FL Zip Code 32811

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

Carmen H. N. Paiva

02-28-00

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

TITLE D
NAME PRIETO, ANTONIO
STREET ADDRESS 1849 SO. KIRKMAN ROAD APT. 1116
CITY-ST-ZIP ORLANDO FL 32811 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CARMEN H. N. PAIVA
NAME CARMEN H. N. PAIVA
STREET ADDRESS 1849 S. KIRKMAN RD. APT 1116
CITY-ST-ZIP ORLANDO FL 32811 ☒ Change ☐ Addition

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

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

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

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

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

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:

CARMEN H. N. PAIVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Daytime Phone #

CR2E034 (9/99)