

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006122

1. Entity Name

GITACHE TOURS, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90028 008 ***150.00

Principal Place of Business

7616 SOUTHLAND BLVD.
STE 104
ORLANDO FL 32809
US

Mailing Address

7616 SOUTHLAND BLVD.
STE 104
ORLANDO FL 32809
US

2. Principal Place of Business

5107 Ernst Ct.

Suite, Apt. #, etc.

3. Mailing Address

5107 Ernst Ct.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip 32819

Country USA

City & State

Orlando, Florida

Zip 32819

Country USA

4. FEI Number

59-3359052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAIVA, CARMEN H
1849 SO. KIRKMAN ROAD APT. 1116
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Carmen Paiva

Street Address (P.O. Box Number is Not Acceptable)

5107 Ernst Ct.

City

Orlando

FL

Zip Code

32819

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

Carmen Paiva

Carmen Paiva - Pres. 1-24-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPAI
VA, CARMEN H
1849 S KIRKMAN RD APT 1116
ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Carmen Paiva
5107 Ernst Ct.
Orlando, Florida 32819 ☒ Change ☐ Addition

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

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

TITLE
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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 Paiva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carmen Paiva - Pres. 1-24-01 407-226-2300

CR2E034 (10/00)