

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031854

1. Entity Name

LIEBT WAY TOURS SERVICES, INC.

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

02-25-2000 90027 043 ***150.00

Principal Place of Business

1440 JF KENNEDY CSWY
SUITE 305
N BAY VILLAGE FL 33141
US

Mailing Address

1440JF KENNEDY CSWY
SUITE 305
MIAMI BEACH FL 33141-4135
US

2. Principal Place of Business

1351 NE MIAMI GARDENS DR
Suite, Apt. #, etc.

#522 EAST

City & State
N. MIAMI - FL

Zip
33179-4745

Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0663823

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONCEICAO, HENRIQUE L
1455 N TREASURE DR
SUITE 3P
N BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name
CONCEICAO, HENRIQUE L
Street Address (P.O. Box Number is Not Acceptable)
1351 NE MIAMI GARDENS DRIVE
APT-522 EAST
City N. MIAMI FL Zip Code 33179-4745

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 HENRIQUE L. CONCEICAO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

02-10-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CONCEICAO, HENRIQUE L 1455 N TREASURE DR APT 3 P N BAY VILLAGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONCEICAO, HENRIQUE L 1351 NE MIAMI GARDENS DR #522 EAST N. MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: HENRIQUE L. CONCEICAO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-10-00 305-354-8868

CR2E034 (9/99)