

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051449

1. Entity Name

O.T.T. TOURS & TRANSPORTATION, INC.

**FILED**  
**Sep 22, 2000 8:00 am**  
**Secretary of State**

09-22-2000 90040 030 \*\*\*150.00

Principal Place of Business

7345 SAND LAKE ROAD  
ORLANDO FL 32819

Mailing Address

7345 SAND LAKE ROAD  
ORLANDO FL 32819

2. Principal Place of Business

5773 PARKVIEW LAKE DR.

3. Mailing Address

5773 PARKVIEW LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00107311



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-3385841

Applied For

Not Applicable

Zip

32821

Country

ORANGE

Zip

32821

Country

ORANGE

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

SIMAS, MARIO JR  
4860 CHALFONT DRIVE  
ORLANDO FL 32837

Name

MARIO SIMAS JR.

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

5773 PARKVIEW LAKE DRIVE

City

ORLANDO

FL

Zip Code

32821

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

Mario Simas Jr. / PRESIDENT

08/10/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	SIMAS, MARIO JR	4860 CHALFONT DRIVE	ORLANDO FL 32837	<input type="checkbox"/>
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
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
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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 if changed, or on an attachment with an address, with all other like empowered.

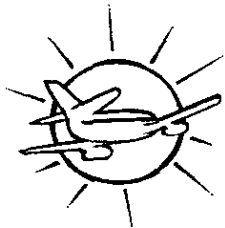
SIGNATURE:

MARIO SIMAS JR. / PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/10/00

407-832-1132  
Date Daytime Phone #

CR2E034 (5/00)



# O.T.T. TOURS & TRANSPORTATION, INC.

attachment # P16000051449  
30107371

TO: Division of Corporation  
Uniform Business Report Filings

This letter is attached with the check, to let you know that we having problems every year, about this document.

We change the mailing address, but we never receive at the right address, that's reason we are unable to send the payment on time..

I hope you understand our situation and accept our check.

Sincerely,

*Mario Simas Jr.*  
Mario Simas Jr.  
President

5773 PARKVIEW LAKE DRIVE - ORLANDO, FLORIDA 32821 PH:(407)832-1132 FAX:(407)238-0579  
E-Mail: OTTTOURS@AOL.com