

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90148 049 ***150.00

DOCUMENT # P96000061198



1. Entity Name
AMERICAN RECEPTIVE TOURS, INC.

Principal Place of Business
**499 E. SHERIDAN ST
NO. 205
DANIA FL 33004**

Mailing Address
**499 E. SHERIDAN ST
NO. 205
DANIA FL 33004**

2. Principal Place of Business
5979 NW 151 Street

3. Mailing Address
5979 NW 151 Street

Suite, Apt. #, etc.
Suite # 206

Suite, Apt. #, etc.
Suite # 206

City & State
Miami Lakes

City & State
Miami Lakes

Zip
33014

Country
U.S.A.

Zip
33014

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0683209

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTOS, MAURO C ESQ
25 SE SECOND AVENUE
#1235
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FRAMSOHLER, KONRAD**
STREET ADDRESS **SCHLEISSHEIMER STR 89**
CITY-ST-ZIP **DACHAU GERMANY GR 85221**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KONRAD FRAMSOHLER (305) 398-0991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)