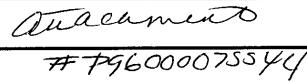
## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Sep 08, 2002 8:00 am Secretary of State P96000075544 DOCUMENT # 1. Entity Name 09-08-2002 90087 039 \*\*\*150.00 GLOBAL TRAVEL ENTERPRISES INC. Principal Place of Business Mailing Address P.O. BOX 692652 7326 LAKE FLOY CIRCLE ORLANDO FL 32819 ORLANDO FL 32869 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0692842 Not Applicable Country Zip Country Žip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: LUTHY, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 7326 LAKE FLOY CIRCLE ORLANDO FL 32819 Zip Code City at for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statems the obligations of registered agent. SIGNATURE TE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ember 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. After Seg Trust Fund Contribution. П Added to Fees (See criteria on back) Make reck Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change TITLE ☐ Delete NAMĘ NAME BONNE, AGNES STREET ADDRESS STREET ADDRESS 7326 LAKE FLOY CIRCLE CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition - Detete -TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 occurate 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 becoute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNAT SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGN G OFFICER OR DIRE Date Daytime Phone #

of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with





P.O. Box 692652 Orlando Fl. 32869 Phone: 407-355-3067 Fax: 407-355-3078 E-mail: globaltoursinc.@cs.com

## Orlando 09 / 03 / 02

We are sending you the payment of \$ 150.00. We did not received the first form that you always send. We thank you for your understanding.