

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084043

1. Entity Name
SS TOURS, INC.

Principal Place of Business
3741 SPEAR POINT DRIVE
ORLANDO FL 32837

Mailing Address
3741 SPEAR POINT DRIVE
ORLANDO FL 32837-5902

2. Principal Place of Business
14549 O'CONNOR LANE
Suite, Apt. #, etc.

3. Mailing Address
14549 O'CONNOR LANE
Suite, Apt. #, etc.

City & State
ORLANDO, FL
Zip
32837

Country
USA

City & State
ORLANDO, FL
Zip
32837

Country
USA

4. FEI Number 59-3408724

Applied For
Not Applicable

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

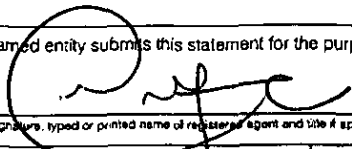
6. Name and Address of Current Registered Agent

STEGER, FREDERICK
3741 SPEAR POINT DR.
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name: ROGERIO MAGALHAES
Street Address (P.O. Box Number is Not Acceptable)
14549 O'CONNOR LANE
City Orlando FL Zip Code 32837

8. The above named entity submits this statement for the purpose of

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

(NOTE: Registered Agent signature required when re-registering)

07/05/00-
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, 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
D
STEGER, FREDERICK
3741 SPEAR POINT DRIVE
ORLANDO FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ODETTE LORENCE PEDRAO SAMANA
14549 O'CONNOR LANE
Orlando FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ODETTE LORENCE PEDRAO SAMANA
14549 O'CONNOR LANE
ORLANDO, FL 32837 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
05-23-2000 94229-15875 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00

Date

(407) 4663424

Daytime Phone #

CR2E034 (5/99)