

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90036 032 \*\*\*150.00

**DOCUMENT # P97000014356**

1. Entity Name  
**RONY TOURS CORPORATION**

Principal Place of Business 5850 LAKEHURST DR 270-3 ORLANDO FL 32819 US	Mailing Address 5850 LAKEHURST DR 270-3 ORLANDO FL 32819 US
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00036819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5850 LAKEHURST DR.</b>	3. Mailing Address <b>5850 LAKEHURST DR.</b>
Suite, Apt. #, etc. <b>120</b>	Suite, Apt. #, etc. <b>120</b>

City & State <b>ORLANDO, FLORIDA</b>	City & State <b>ORLANDO, FLORIDA</b>	4. FEI Number <b>59-3427377</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32819-8386</b>	Country <b>ORANGE</b>	Zip <b>32819-8386</b>	Country <b>ORANGE</b>

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**

AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name **JAIME E KITELMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7953 MURCOTT CIRCLE**  
 City **ORLANDO** FL Zip Code **32835**

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 *Jaime E Kitelman* **JAIME E KITELMAN, PRESIDENT** DATE **1/20/01**

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KITELMAN, JAIME E 7953 MURCOTT CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CUCCARESE, JORGE H 7953 MURCOTT CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Jaime E Kitelman* **JAIME E. KITELMAN** DATE **1/20/01** Daytime Phone # **Y07 354 1221**

CR2E034 (10/00)