

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90412 008 ***150.00

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DOCUMENT # **P97000014356**

1. Entity Name
RONY TOURS CORPORATION



Principal Place of Business
**7953 MURCOTT CRL
ORLANDO FL 32835
US**

Mailing Address
**7953 MURCOTT CRL
ORLANDO FL 32835
US**



2. Principal Place of Business
7953 MURCOTT CRL

3. Mailing Address
7953 MURCOTT CRL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO - FL.

City & State
ORLANDO - FL.

4. FEI Number
59-3427377

Applied For
 Not Applicable

Zip
32835

Country
USA.

Zip
32835

Country
USA.

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

**KITELMAN, JAIME
7953 MURCOTT CIRCLE
CORAL GABLES FL 33134**

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 *[Signature]* **JORGE CUCCARESE V. PRESIDENT**

4-27-03.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** Delete
NAME **KITELMAN, JAIME E**
STREET ADDRESS **7953 MURCOTT CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** Delete
NAME **CUCCARESE, JORGE H**
STREET ADDRESS **7953 MURCOTT CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]* **JORGE CUCCARESE V. PRESIDENT** April 27 2003. 4072967669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)