

# 2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **P970000026500**

FILED

1. Entity Name  
**INTERTOUR, INC.**

00 JUN -9 PM 2:41

Principal Place of Business  
**7625 ALHAMBRA BLVD.  
MIRAMAR, FL. 33023**

Mailing Address  
**7625 ALHAMBRA BLVD.  
MIRAMAR, FL. 33023**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
Suite, Apt. #, etc. **SAME**  
City & State  
Zip Country

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0737075**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CABALLERO-TRONCOSO, MARIA A.  
7625 ALHAMBRA BLVD.  
MIRAMAR, FLORIDA 33023**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 |                                    |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|------------------------------------|---------------------------------|---|--|---|
| TITLE                      | <b>PRESIDENT</b>                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARIA A. CABALLERO-TRONCOSO</b> |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>7625 ALHAMBRA BLVD.</b>         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>MIRAMAR, FL 33023</b>           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    |                                 | NAME  |  |   |
| STREET ADDRESS             |                                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                    |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    |                                 | NAME  |  |   |
| STREET ADDRESS             |                                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                    |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    |                                 | NAME  |  |   |
| STREET ADDRESS             |                                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                    |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    |                                 | NAME  |  |   |
| STREET ADDRESS             |                                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                    |                                 | CITY-ST-ZIP   |  |   |

**200003297612--6**  
**06/22/00 01001-002**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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: *Maria Caballero Troncoso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)



TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATION

FROM: INTERTOUR, INC.

TO WHOM IT MAY CONCERN:

WE NEVER RECEIVED OUR ORIGINAL RENEW FORM FOR THE CORPORATION. I REQUESTED A FORM IN APRIL AND TWICE IN MAY OR 2000. THIS IS WAY IT IS LATE. ITS PROBABLY SOMETHING WRONG WITH MY MAIL, BECAUSE EVEN THIS FORM WAS DELIVERED AT MY NEIGHBOR'S BOX. EVERYTHING STILL THE SAME INFORMATION, IT'S A SMALL BUSINESS AND A ONE PERSON BUSINESS. THANK YOU VERY MUCH FOR YOUR HELP AND COOPERATION WITH THIS MATTER.

SINCERELY,

  
MARIA A. CABALLERO-TRONCOSO