

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

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90230 020 ***150.00

DOCUMENT # P97000026500

1. Entity Name

Intertour, Inc

DO NOT WRITE IN THIS SPACE

80126329

2. Principal Place of Business

7625 Alhambra Blvd

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miramar, Florida

City & State

4. FEI Number

65-0737075

Applied For

Not Applicable

Zip

33023

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Maria A. Caballero-Troncoso

Street Address (P.O. Box Number is Not Acceptable)

7625 Alhambra Blvd.

City

Miramar

FL

Zip Code

33023

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

P
Maria A. Caballero-Troncoso
7625 Alhambra Blvd.
Miramar, FL 33023

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria A. Caballero-Troncoso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/02 954-961-6170

Daytime Phone #

CR2E034B (12/01)



Attachment
R# P972002583
B0196329

System One
amadeus

To: Corporation Department,

We did not received our Renewal papers
on time, must have been mailing error.
We are now Renewing the Corporation.

Thank you,

Maria A. Caballero-Troncoso



*Attachment
B0126329*

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 5, 2002

MCCABE UNITED METHODIST CHURCH, INC.
2800 26TH AVE., SOUTH
ST. PETERSBURG, FL 33712

Subject: **MCCABE UNITED METHODIST CHURCH, INC.**

Reference Number: **727923**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ

ANNUAL REPORTS SECTION