APR-25-2000 05:20 PM G DAVID OLEARY

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90029 005 ***150.00

DOCUMENT # [redacted] # P97000034[illegible]

Entity Name

[redacted] SHANNON TOURS, INC.

Principal Place of Business

[redacted]

Mailing Address

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1701 Ponce de Leon Blvd

Suite, Apt. #, etc: 3rd Floor

City & State: Coral Gables, Fla

Zip: 33134 Country: U.S.A.

3. Mailing Address: Same

Suite, Apt. #, etc: Same

City & State: Same

Zip: Same Country: Same

4. FEI Number: 65-0750241 [redacted] ☑ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

O'LEARY, G. DAVID
[redacted]

7. Name and Address of New Registered Agent

Name: G. David O'Leary, Esq.

Street Address (P.O. Box Number is Not Acceptable): 3020 Northwest 7th Ave
Miami, Fla. 33127

City: Miami, Florida FL Zip Code: 33127

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: G. David O'Leary, Esq. [signature] 4/26/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

8. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BURKE, ROBERT M III [redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Robert M. Burke III 1701 Ponce de Leon Blvd. 3rd Fl Coral Gables, Fla. 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert M. Burke, III / Pres. 4/26/2000 (305) 774-1886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #