

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90010 015 ***150.00

DOCUMENT # P97000047357

1. Entity Name

MAXITUR TRAVEL, INC.

Principal Place of Business

BROKEN ARROW DR.
FL 34746

Mailing Address

5261 BROKEN ARROW DR.
KISSIMMEE FL 34746-4663

2. Principal Place of Business

5850 LAKEHURST DR

Suite, Apt. #, etc.

Suite 150-6

City & State

ORLANDO, FL.

Zip

32819

Country

USA

3. Mailing Address

5850 LAKEHURST DR

Suite, Apt. #, etc.

Suite 150-6

City & State

ORLANDO, FL

Zip

32819

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3455149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUMER, BARRY N
5728 MAJOR BLVD., STE. 211
ORLANDO FL 32819

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LTDA, MACARONNI A	
STREET ADDRESS	AV. JOAO WALLIG, 1800-LOJA 187 PORTO ALEGR	
CITY-ST-ZIP	RS - BRAZIL 91340-001	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SILVA, VITOR P	
STREET ADDRESS	5261 BROKEN ARROW DR.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	DTs	<input type="checkbox"/> Delete
NAME	GONZAGA, HELOISA H	
STREET ADDRESS	5261 BROKEN ARROW DR.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5850 LAKEHURST DR #150-6	
CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5850 LAKEHURST DR #150-6	
CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31/00

Date

(407) 355.0895

Daytime Phone #

CR2E034 (9/99)