

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90417 001 ***150.00
01-21-2003 90417 002 *****8.75

DOCUMENT # P97000070311

1. Entity Name
INTERSTATE TOURS, INC.



Principal Place of Business
**530 PINEHURST COVE
KISSIMMEE FL 34758**

Mailing Address
**P.O. BOX 421289
KISSIMMEE FL 34742**

2. Principal Place of Business
2510 SAGE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 421289
Suite, Apt. #, etc.

City & State
KISSIMMEE FL.

City & State
KISSIMMEE FL.

4. FEI Number
59-3468225

Applied For
Not Applicable

Zip
34758 Country
OSCEOLA -USA.

Zip
34742 Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**ARVESU, MANUEL M
100 S.E. WND STREET
SUITE 3700
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
PUENTES, SAUL
530 PINEHURST COVE
KISSIMMEE FL 34758** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
PUENTES SAUL
2510 SAGE DRIVE
KISSIMMEE F.L. 34758** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PUENTES, NUBIA
530 PINEHURST COVE
KISSIMMEE FL 34758** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PUENTES NUBIA
2510 SAGE DRIVE
KISSIMMEE F.L. 34758** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: _____ **REQUISAUL J. PUENTES** **01/15/03** **407-518-7535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)