

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 030 ***150.00

DOCUMENT # **P 97000100193**

1. Entity Name

Florida International Guest Services, Inc.

DO NOT WRITE IN THIS SPACE

80123370

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7301 Crooked Lake Circle

Suite, Apt. #, etc.

3. Mailing Address

7301 Crooked Lake Circle

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

ORLANDO, FL

Zip

32818

Country

Zip

32818

Country

USA

4. FEI Number

59-3653541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDOUARD A. SIMON

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

4964 Eaglesmere Drive #825

City

Orlando

FL

Zip Code

32819

**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

✓ SIMON, EDOUARD
4964 Eaglesmere Drive #825
Orlando, FL 32819

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

✓ JOSEPH WILSON
7301 Crooked Lake Circle
Orlando, FL 32818

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

✓ JOSEPH, JORDAN
7301 Crooked Lake Circle
Orlando, FL 32818

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

✓ SIMON, MAGALY
4964 Eaglesmere Drive #825
Orlando, FL 32818

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/02

407/522-0100

CR2E034B (12/01)