2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102566

1. Entity Name KSA TOUR, INC

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90063 043 ***150.00

Principal Place of Business
2260 SW 42 TERR
Ft. Lauderdale FL
33317

Mailing Address
16300 NE 19 AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address 16300 NE 19 Ave
Suite, Apt #, etc. Suite C
City & State North Miami Bch FL
Zip 33162 | Country

4. FEI Number 65-0798000 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, FERNANDO
16300 NE 19 AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name Fernando Silva
Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 Ave Suite C
City North Miami Beach FL Zip Code 33162

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] 4/24/02
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, 2002 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	PD	☐ Delete
NAME	ARREGOCES, JHONNY	
STREET ADDRESS	2260 SW 42 TERR	
CITY-ST-ZIP	Ft. Lauderdale FL 33317	
TITLE	TD	☐ Delete
NAME	ARREGOCES, ELIZABETH	
STREET ADDRESS	2260 SW 42 TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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] 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (9/01)