

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000022399**

1. Entity Name

L. CSONKA SOUTH FLORIDA TOURS AND TRANSPORTATION**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90482 007 ***150.00

Principal Place of Business

Mailing Address

**20730 NE 4TH PLACE
STE 104
NORTH MIAMI BEACH FL 33179****20730 NE 4TH PLACE
STE 104
NORTH MIAMI BEACH FL 33179-1884**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0825921

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~**MARQUEZ & FERNANDEZ, P.A.
782 NW LEJEUNE ROAD
STE 548
MIAMI FL 33126**~~

Name

JOSE M. MARQUEZ, P.A.

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

782 NW LeJeune Road, Suite 548

City

Miami**FL**

Zip Code

33126

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 fee if applicable.

Jose M. Marquez, Esq.**02/15/2000**

DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME~~**D-
CSONKA, FLORE
20730 NE 4TH PLACE, STE 104
NORTH MIAMI BEACH FL 33179**~~☒ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME**DPS
CSONKA, Flore
20730 NE 4th Place, Suite 104
North Miami Beach, FL 33179**☒ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Gloria Csonka Flore Csonka**02/15/2000****(305) 654-0066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)