

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**  
 06-06-2001 90001 044 \*\*\*150.00

0209506

**DOCUMENT # P98000028763**

1. Entity Name

**OFFICIAL TOURS TRANSPORTATION, INC.**

Principal Place of Business

7370 NW 36 ST  
 SUITE #415 K  
 MIAMI FL 33166  
 US

Mailing Address

7370 NW 36 ST  
 SUITE #415 K  
 MIAMI FL 33166  
 US

772306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7370 NW 36 ST Sui#415K

3. Mailing Address

7370 NW 36 ST Sui#415K

Suite, Apt. #, etc.

415K

Suite, Apt. #, etc.

415K

City & State

Miami, fl

City & State

Miami, fl

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0860281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CARMONA, GONALO L  
 7370 NW 36 ST  
 SUITE #415 K  
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Gonzalo L. Carmona

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

7370 NW 36 ST

Suit#415K

City

Miami,

FL

Zip Code  
 33166

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 Gonzalo L. Carmona

06/06/01

(Signature, typed or printed name of registered agent and title if applicable.)

(NOT 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, 2001 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 CARMONA, GONZALO L  
 STREET ADDRESS 7370 NW 36 ST SUITE #415 K  
 CITY-ST-ZIP MIAMI FL 33166

TITLE VPD ☐ Delete  
 NAME BEDOYA, FERNANDO  
 STREET ADDRESS 7370 NW 36 ST SUITE #415 K  
 CITY-ST-ZIP MIAMI FL 33166

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 P/D ☐ Change ☐ Addition  
 NAME Gonzalo L. Carmona  
 STREET ADDRESS 7370 NW 36 ST Suit#415K  
 CITY-ST-ZIP Miami, fl, 33166

TITLE V/PD ☐ Change ☐ Addition  
 NAME Fernando A. Bedoya  
 STREET ADDRESS 7370 NW 36 ST Suit#415K  
 CITY-ST-ZIP Miami, fl, 33166

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

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

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: Fernando A. Bedoya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/06/01

Date

Daytime Phone #

(305) 657-5580

CR2E034 (10/00)