

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

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

06-27-2002 90523 035 \*\*\*150.00

**DOCUMENT # P98000106836**

1. Entity Name

**FITO'S TRAVEL AND TOURS INC.,**  
**46 NE 164TH STREET**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**46 NE 164TH STREET**

Suite, Apt. #, etc.

3. Mailing Address

**46 NE 164TH STREET**

Suite, Apt. #, etc.

City & State

**NORTH MIAMI BEACH, FL**

City & State

**NORTH MIAMI BEACH, FL**

Zip

**33162**

Country

Zip

**33162**

Country

4. FEI Number

**65-0883077**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**FITO ELYSEE**

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

**46 NE 164TH STREET**

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]*

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

(NOTE: Registered Agent Signature required when reinstating)

**6/13/02**

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  
**P**  
**FITO ELYSEE**  
**46 NE 164TH STREET**  
**NORTH MIAMI BEACH, FL 33162**

TITLE  
NAME  
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CITY - ST - ZIP

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**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]*

**FITO ELYSEE, President, 6/13/02 (305) 942-1133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)

Attachment  
601260141

MR. PAGING INC.,  
46 NE 164TH STREET  
MIAMI, FLORIDA 33179

June 3rd, 2002

DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

RE: Document Number P98000106836

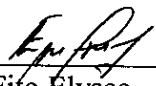
Gentleman,

In respect to the renewal of the Corporate Charter of FITO'S TRAVEL AND TOURS INC., for year 2002. Please note that we did not received our annual renewal notice of the UNIFORM BUSINESS REPORT from the State Department of Corporation for the year 2002.

On December 7th 2001 we amended our charter and change our name from MR. PAGING INC., to FITO'S TRAVEL AND TOURS and we have moved to a new address at 46 NE 164th Street, North Miami Beach, Florida 33162

Enclosed is the renewal form along with the filing fee. We are asking you to please waive the late filing penalty base on the above circumstances.

Respectfully,

  
\_\_\_\_\_  
Fito Elysee  
President,