

2000 UNIFORM BUSINESS REPORT (UBR)

1/26

FILED
Apr 17, 2000 8:00 am
Secretary of State

01-26-2000 90132 009 ***150.00

DOCUMENT # P99000021048

1. Entity Name

LATITUDE EXCURSIONS, INC.

Principal Place of Business

Mailing Address

2921 SOUTHWEST 87TH AVENUE
UNIT 514
DAVIE FL 33328

2921 SOUTHWEST 87TH AVENUE
UNIT 514
DAVIE FL 33328-6632

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

65-0900399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & JTRERA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name Pamela Schneider

Street Address (P.O. Box Number is Not Acceptable)
2921 SW 87th Ave #514

City Davie

FL

Zip Code 33328

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 Conelio Schneider

Pamela Schneider

1/18/00

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, 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

TITLE PSD ☐ Delete
NAME DAVIS, CARL D
STREET ADDRESS 2921 SOUTHWEST 87TH AVENUE
CITY-ST-ZIP DAVIE FL 33328

TITLE VTD ☐ Delete
NAME SCHNEIDER, PAMELA J
STREET ADDRESS 2921 SOUTHWEST 87TH AVENUE
CITY-ST-ZIP DAVIE FL 33328

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

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: Conelio Schneider Pamela Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

954.423.3452

Daytime Phone #

CR2004 (9/99)