

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028089

1. Entity Name

EDDY TOURS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90127 024 ***150.00

Principal Place of Business

Mailing Address

~~C/O SBAS~~
7777 N. DAVIE ROAD EX. SUITE 102B
HOLLYWOOD FL 33024

C/O SBAS
7777 N. DAVIE ROAD EX. SUITE 102B
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

17040 NW 85 AVE

Suite, Apt. #, etc.

City & State
Hialeah FL

City & State

Zip
33015

Country
USA

Zip

Country

4. FEI Number

65-0915908

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

CHEDIAK, MIRTA
C/O SBAS
7777 N. DAVIE ROAD EX. SUITE 102B
HOLLYWOOD FL 33024

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

17040 NW 85 AVE

City
HIALEAH FL 33015 Zip Code
33015

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 *Edward Ruiz*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, EDWARD 17040 N.W. 85 AVE. HIALEAH FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, EDUARDO 17040 N.W. 85 AVE. HIALEAH FL 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99