

2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # *P99000045382*

1. Entity Name
GET! Tours & Transportation, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 3:42

Principal Place of Business Mailing Address
1505 W. Landstreet Rd. P.O. Box 720296
Orlando FL 32824 Orlando, FL 32872 0296

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
593578396
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Spiegel & Utrera, P.A.
343 Almeria Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]* DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 | NAME | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <i>Office Manager</i> | |
| CITY-ST-ZIP | <i>Madeline Santiago</i> | |
| | <i>43265 Pershing Pkwy Pl</i> | |
| | <i>Orlando FL 32822</i> | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | <i>President</i> | |
| CITY-ST-ZIP | <i>Randy Utrera</i> | |
| | <i>8325 Sun Olsta Way</i> | |
| | <i>Orlando, FL 32822</i> | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|------------------------------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <i>300003474939--1</i> | |
| CITY-ST-ZIP | <i>-11/27/00--01004--007</i> | |
| | <i>*****61.25 *****61.25</i> | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *[Signature]* Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)