Sent By: JOSHUA D MANASTER PA; 305 374 7279; Apr-28-00 4/17/00-5

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State
04-17-2000 90102 004 ***150.00

DOCUMENT # P99000066689

1. Entity Name
ROYAL AMBASSADOR TOURS, INC.

Principal Place of Business	Mailing Address
1426 BRICKELL AVENUE EIGHTH FLOOR MIAMI FL 33131	1426 BRICKELL AVENUE EIGHTH FLOOR MIAMI FL 33131-3438

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	4044 MERIDIAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3A
City & State	City & State MIAMI BEACH FL
Zip / Country	Zip 33140 Country DADE

4. FEI Number 65-0946075 ☐ 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
MANASTER, JOSHUA D 1426 BRICKELL AVENUE EIGHTH FLOOR MIAMI FL 33131	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, 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 MANASTER, JOSHUA D 1426 BRICKELL AVENUE, EIGHTH FLOOR MIAMI FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E084 (9/99)

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] DIRECTOR 4/12/00 305-532-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #