

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90003 021 \*\*\*150.00

DOCUMENT # P99000071557

1. Entity Name  
**S & A TOUR SERVICE, INC.**

Principal Place of Business

Mailing Address

8679 S.W. 158TH PLACE  
 MIAMI FL 33193

8679 S.W. 158TH PLACE  
 MIAMI FL 33193

2. Principal Place of Business

3. Mailing Address

**8679 SW 158 Plc**  
 Suite, Apt. #, etc.

**8679 SW 158 Plc**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0946815**

Applied For  
 Not Applicable

Zip **33193**

Country **U.S.A.**

Zip **33193**

Country **U.S.A.**

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

**EDEN, SHARON**  
**8679 S.W. 158TH PLACE**  
**MIAMI FL 33193**

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 \_\_\_\_\_ 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.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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         | STREET ADDRESS       | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
|-------|--------------|----------------------|-----------------|---------------------------------|
| PVST  | EDEN, SHARON | 19730 N.W. 5TH COURT | MIAMI FL 33169  | <input type="checkbox"/>        |
| D     | EDEN, SHARON | 19730 N.W. 5TH COURT | MIAMI FL 33169  | <input type="checkbox"/>        |
| D     | EDEN, SHARON | 8679 SW 158 Plc      | MIAMI, FL 33169 | <input type="checkbox"/>        |
|       |              |                      |                 | <input type="checkbox"/>        |
|       |              |                      |                 | <input type="checkbox"/>        |
|       |              |                      |                 | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: X \_\_\_\_\_ 1-8-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)