

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

PG9605075 993  
SOUTH AMERICAN EXPEDITIONS

Principal Place of Business

Mailing Address

752 IBIS WAY N. PALM BCH FL 33408

FILED

Apr 14, 2000 8:00 am  
Secretary of State

04-14-2000 90122 039 \*\*\*150.00

834362

2. Principal Place of Business

3. Mailing Address

752 IBIS WAY

752 IBIS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Palm Bch, FL

City & State

North Palm Bch, FL

4. FEI Number

65-0940815

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

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

Oscar D. Cardenas

3806 Circle Lake Dr

West Palm Bch, FL 33417

Name Kelli K. Preti

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

752 IBIS WAY

City

North Palm Bch

FL

Zip Code

33408

8. The above named entity submits the 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.

OSCAR D. CARDENAS

DATE

4/4/00

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		<input type="checkbox"/> Delete
NAME	Kelli K. Preti	
STREET ADDRESS	752 IBIS WAY	
CITY-ST-ZIP	North Palm Bch, FL 33408	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Oscar D. Cardenas	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelli K. Preti	
STREET ADDRESS	752 IBIS WAY	
CITY-ST-ZIP	North Palm Bch, FL 33408	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oscar D. Cardenas	
STREET ADDRESS	3806 Circle Lake Dr	
CITY-ST-ZIP	West Palm Bch, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Kelli K. Preti

4/4/00

Date

561-691-4200

Daytime Phone #

CR2E034 (9/99)