FROM :ACCOUNTING TAXES PLUS FAX NO. :

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90155 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076854

1. Entity Name
U.N. CRUISE & TRAVEL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7061 GRAND NATIONAL
Suite, Apt. #, etc.
142
City & State
ORLANDO. FLORIDA
Zip
32819
Country
ORANGE

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
County

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3595707
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
COTIAS, ZARCI MENDES
Street Address (P.O. Box Number is Not Acceptable)
7061 GRAND NATIONAL DR # 142
City
ORLANDO
FL
Zip Code
32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] (Typed, Printed or Stamped Name of Registered Agent and Title if Applicable) (Registered Agent's Signature is Required When Reinstating) AUG 1, 2003 (Date)

Filing Fee: $150.00
If Late/Reinstatement Fee: $550.00
Additional UBR Fee: $61.25
Total Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.D.
NAME	COTIAS, ZARCI MENDES
STREET ADDRESS	9767 BOHART CT
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E004B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] AUG 1, 2003 DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Title if applicable)

Attachment #

801360326

P99000076854

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 150.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2003, or any other notice from the Division of Corporations in respect with the Corporation **UN CRUISE & TRAVEL , INC**

Thank you for your courtesy in this matter.

X

ZARCI M COTIAS
PRESIDENT