

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090728

1. Entity Name

ALL TRAVEL SERVICES AND TOURS, INC.

FILED

Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90008 036 ***550.00

Principal Place of Business

Mailing Address

7795 W. FLAGLER STREET
SUITE 42
MIAMI FL 33144

7795 W. FLAGLER STREET
SUITE 42
MIAMI FL 33144-2367

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3434 w columbus drive

7795 w flagler st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

42

City & State

City & State

TAMPA FLORIDA

miami florida

Zip

Country

Zip

Country

33607

usa

33144

usa

4. FEI Number

65-0987022

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

SORDO, CESAR R
1200 BRICKELL AVENUE
SUITE 1680
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 ☐ Delete
NAME D
STREET ADDRESS ARENADO, LUIS
CITY-ST-ZIP 7795 W. FLAGLER STREET, SUITE 42
MIAMI FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis F. Arenado

Date

8-14-00

Daytime Phone #

714

556-3636

CR2E034 (9/99)