

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90126 013 ***150.00

DOCUMENT # P99000095618

1. Entity Name

TEMPTATION TOUR & TRAVEL (FLORIDA), INC.

Principal Place of Business

Mailing Address

**520 BRICKELL KEY DRIVE STE 0-305
MIAMI FL 33131****520 BRICKELL KEY DRIVE STE 0-305
MIAMI FL 33131-2610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0993956
Applied ForApplied For
Not Applicable5. 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****FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE STE 0-305
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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	DE CABRERA, ROCIO P	520 BRICKELL KEY DRIVE STE 0-305 MIAMI FL 33131				
	D	CORPORAN VINAS, YENY A	520 BRICKELL KEY DRIVE STE 0-305 MIAMI FL 33131				
	D	LAJARA N VINAS, FLOR M	520 BRICKELL KEY DRIVE STE 0-305 MIAMI FL 33131				
					S	Freeman, Stephen A.	520 Brickell Key Drive, Suite 0-305 Miami, Florida 33131

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:**Stephen A. Freeman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

(305) 374-3800

Date

Daytime Phone #

CR2E034 (9/99)