

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90055 008 ***158.75

DOCUMENT # P99000108182

1. Entity Name

DESTINATION SUN TOURS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Holiday Inn

3. Mailing Address

Holiday Inn

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2711 S. Ocean Dr, 4th main 2711 S.Ocean Dr, 4th main

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, Fla.City & State
HOLLYWOOD, Fla.

4. FEI Number

65-0977527

Applied For

Not Applicable

Zip
33019Country
USAZip
33019Country
USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Giguere, Paul-E.Street Address (P.O. Box Number is Not Acceptable)
2711 S. Ocean Dr. 4th mainCity
Hollywood FL Zip Code
33019

**DO NOT WRITE
IN THIS SPACE**

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

APR 19 / 2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President Giguere, Paul-E. 2711 S. Ocean Dr. 4th main Hollywood, Fla. 33019
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 19 / 2002 924-922-1214

CR2E034B (12/01)