

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 540766

1. Entity Name

TRANS-ACTION TOUR INC

FILED
Aug 01, 2000 8:00 am
Secretary of State

07-07-2000 90461 031 ***158.75

Principal Place of Business

Mailing Address

2594 CHATHAM CIRCLE
KISSIMMEE - FL - 34746

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

65-0254290

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

CARLOS MOLEDA

06/30/2000

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CARLOS MOLEDA
2594 CHATHAM CIRCLE
KISSIMMEE - FL - 34746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
VERA MOLEDA
2594 CHATHAM CIRCLE
KISSIMMEE - FL - 34746

☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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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

CARLOS MOLEDA

06/30/2000 407-39691-11

Date

Daytime Phone #

CR2E034 (9/99)

DOC #S40766

308899

TRANS ACTION

TOUR, INC

2594 Chatham Circle - Kissimmee, FL 34746 Phone: (407) 396-9111 Fax: (407) 396-4961

Kissimmee, July 25, 2000

To: Florida Department of State
At: Division of Corporation
Reference number: S40766

From: Trans Action Tour, Inc

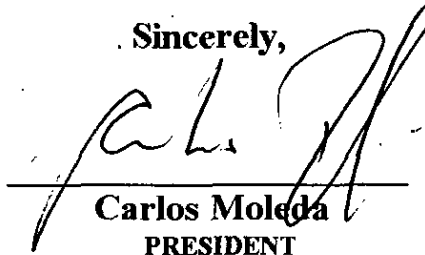
Dear Sir/Madam,

This letter is to inform you, that we didn't receive the annual report on time and we ask the Florida Department of State they inform us they sent to the wrong address.

We receive the paperwork in July/14/00, and, in the same date we sent the check n. 4776 with the value of US\$158.75.

We remind you, in 9 years we never made late payments for this matter. Please, forgive us in this expense, because was not our fault.

Sincerely,



Carlos Moleda
PRESIDENT