

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S45733**

1. Entity Name
SUN'S LIFE'S TOURISM & TRADE, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

06-30-2000 90005 035 ***163.75
08-17-2000 90573 031 ***558.75

Principal Place of Business
**2217 NEWT STREET
ORLANDO FL 32837-7422**

Mailing Address
**2217 NEWT STREET
ORLANDO FL 32837-7422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3062084**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~RAMOS, FRANK E.
5381-B HOFFNER AVE
ORLANDO FL 32812~~

Name **ANTONIETA BALIDO FRANCO**
Street Address (P.O. Box Number is Not Acceptable)
2217 Newt Street
City **ORLANDO** FL Zip Code **32837**

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 *Antonieta Balido Franco* **ANTONIETA BALIDO FRANCO** **07-14-2000**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PST** ☐ Delete
NAME **FRANCO, FERNANDO**
STREET ADDRESS **2217 NEWT STREET**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VD** ☐ Delete
NAME **FRANCO, FERNANDO**
STREET ADDRESS **2217 NEWT STREET**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **FINANCIAL DIRECTOR**
STREET ADDRESS **ANTONIETA BALIDO FRANCO**
CITY-ST-ZIP **2217 Newt Street**
ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Antonieta Balido Franco* **ANTONIETA BALIDO FRANCO** **AUGUST 14, 2000 (407) 852-7418**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)

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Antonieta Balido Franco

ANTONIETA BALIDO FRANCO

07-14-2000

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STREET ADDRESS	2217 NEWT STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ Delete
NAME	FRANCO, FERNANDO	
STREET ADDRESS	2217 NEWT STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FINANCIAL DIRECTOR	☐ Change ☒ Addition
NAME	ANTONIETA BALIDO FRANCO	
STREET ADDRESS	2217 NEWT STREET	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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Fernando Franco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 14, 2000 (407) 856-7418

Attachment
A 073236



DO NOT WRITE IN THIS SPACE