

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90109 018 ***150.00

0105190 AV

DOCUMENT # S62523

1. Entity Name
VIDEOTOURIST CORP.

Principal Place of Business

**7061 GRAND NATIONAL DR.
#142
ORLANDO FL 32819
US**

Mailing Address

**7061 GRAND NATIONAL DR.
#142
ORLANDO FL 32819
US**



2. Principal Place of Business

5850 Lakehurst DR

3. Mailing Address

5850 Lakehurst DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150-16

Suite 150-16

City & State
Orlando FL

City & State
Orlando FL

Zip
32819

Country
USA

Zip
32819

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0267796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAHER, MARIA E
7061 GRAND NATIONAL DR.
#142
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Maria E. Daher

Street Address (P.O. Box Number is Not Acceptable)

5850 Lakehurst DR Suite 150-16

City
Orlando

FL

Zip Code
32819

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 **Maria E. Daher - Vice-President**

(NOTE: Registered Agent signature required when reinstating)

04-16-2002

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAHER, SERGIO 7613 CHAPEL HILL DRIVE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAHER, MARIA E 7613 CHAPEL HILL DRIVE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8221 Sandpoint Blvd Orlando FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8221 Sandpoint Blvd Orlando FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Maria E. Daher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-2002

Date

407.363.7062

Daytime Phone #

CR2E034 (9/01)