

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90151 048 ***158.75

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DOCUMENT # S69499

1. Entity Name

CREATIVE TOUR PLANNERS, INC.

Principal Place of Business

Mailing Address

6351 SUNSET DR
 SO.MIAMI FL 33143

6351 SUNSET DR
 SO.MIAMI FL 33143

510320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1825 PONCE DE LEON BLVD
 Suite, Apt. #, etc.
 # 384

1825 PONCE DE LEON BLVD
 Suite, Apt. #, etc.
 # 384

City & State

City & State

CORAL GABLES, FL.

CORAL GABLES, FL.

Zip

Country

Zip

Country

33134-4418 USA

33134-4418 USA

4. FEI Number

65-0280573

Applied For

Not Applicable

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

RAMUDO, OLGA
13701 SW 103 AVE
MIAMI FL 33176

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **RAMUDO, OLGA M**
 STREET ADDRESS **13701 S.W. 103 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
 NAME **625 Alhambra Circle**
 STREET ADDRESS **Coral Gables, FL 33134**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **DELGADO, ROSA M**
 STREET ADDRESS **1264 CORAL WAY**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **T** ☐ Delete
 NAME **JACOMINO, CRISTINA**
 STREET ADDRESS **13721 S.W. 103 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
 NAME **7251 S.W. 78 PL**
 STREET ADDRESS **Miami, FL 33143**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Olga Ramudo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 (305)
341-1200
 Date Daytime Phone #

CR2E034 (9/01)