2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$82089

1. Entity Name

BAF TOUR SERVICES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90086 008 ***150.00

rincipal Place of Business	Mailing Address

5446 HOFFNER AVE TLANCO FL 32812 5448 HOFFNER AVE SUITE 401 ORLANDO FL 32809-4223

60034943



DO NOT WRITE IN THIS SPACE

City & State Orlando F	State Iando Fl	4. FEI Number 59-3084892	Applied For Not Applicable
$3\lambda 809$ Country USA Zip	2809 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
 Name and Address of Current Registered A 	Agent	7. Name and Address of New Registere	d Agent
MONTAIUTI, DIAGIO	Name Bio	rgio Montgiut POIBPX Numberis Not Acceptably	- -
5448 HOFFNER AVE SUITE 401 ORLANDNO FL 33812	X 30	HOTTHE	
	City Or	ando F	L Zip Code
The above named entity submits this statement for the purpose	of changing its registered office or register	red agent, or both, in the State of Florida.	
NATURE Signature, typger or printed name of registered agent and title if applicable	ole. (NOTE: Registered Agent signature requires	d when reinstating) DATE	<u> </u>

9.	This corporation is eligible	е	to	satisfy its	Intangible
	Tax filing requirement and	1	ele	ects to do	30.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE MONTAIUTI, BIAGIO NAME NAME 5448 HOFFNER AVE, SUITE 401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 33812 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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.

Daytime Phone #