

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01979

1. Entity Name

R. A. C. TRAVEL AND TOURS, INC.

Principal Place of Business

275 FONTAINEBLEAU BLVD.  
SUITE 117 - FOUNTAINEBLEAU EXECUTIVE CTR.  
MIAMI FL 33172

Mailing Address

275 FONTAINEBLEAU BLVD.  
SUITE 117 - FOUNTAINEBLEAU EXECUTIVE CTR.  
MIAMI FL 33172-4591

2. Principal Place of Business

5543 NW 72 AVENUE

3. Mailing Address

5543 NW 72 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33166

City & State

MIAMI, FL 33166

4. FEI Number

65-0304870

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

ALVAREZ, RAMON  
275 FOUNTAINEBLEAU BLVD.  
SUITE 117 - FOUNTAINEBLEAU EXECUTIVE CTR.  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name PEREYRA, DARIO  
Street Address (P.O. Box Number is Not Acceptable)  
5543 NW 72 AVENUE  
City MIAMI, FL Zip Code 33166

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

*Dario Pereyra*

DARIO PEREYRA

3/20/99

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, RAMON	
STREET ADDRESS	8701 S.W. 41 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREYRA, DARIO	
STREET ADDRESS	5543 NW 72 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREYRA, SONIA	
STREET ADDRESS	5543 NW 72 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUAZO, RODRIGO	
STREET ADDRESS	5543 NW 72 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUAZO, XIMENA	
STREET ADDRESS	5543 NW 72 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dario Pereyra*

DARIO PEREYRA

3/20/99 (305)882-0037

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE