

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06544

1. Entity Name
AMERICA-TOURS, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90011 044 ***550.00

Principal Place of Business

380 S COUNTY RD
PALM BEACH FL 33480
US

Mailing Address

380 S COUNTY RD
PALM BEACH FL 33480
US

2. Principal Place of Business

4411 Beacon Circle
Suite, Apt. #, etc. Suite 1A
City & State W. Palm Beach
Zip 33407 Country

3. Mailing Address

4411 Beacon Circle
Suite, Apt. #, etc. Suite 1A
City & State W. Palm Beach
Zip 33407 Country



DO NOT WRITE IN THIS SPACE

City & State W. Palm Beach

City & State W. Palm Beach

4. FEI Number 65-0311194

Applied For
Not Applicable

Zip 33407

Country

Zip 33407

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THIERRY POUILLE
211 GARDEN RD.
SUITE 214
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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 \$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

TITLE PT
NAME THIERRY POUILLE
STREET ADDRESS 211 GARDEN RD.
CITY-ST-ZIP PALM CITY FL ☐ Delete

TITLE VPS
NAME POUILLE, SOPHIE
STREET ADDRESS 211 GARDEN RD
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thierry Pouille

Date

8/9/2000 561.841-1351

Daytime Phone #

CR2E034 (5/00)