


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90201 017 \*\*\*150.00

**DOCUMENT #** V08402  
1. Entity Name  
DIMENSIONS TOURS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6530 Moonshell Ct  
Suite, Apt. #, etc.

3. Mailing Address  
6530 Moonshell Ct  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, Florida

City & State  
Orlando, Florida

4. FEI Number  
59-3104346

Applied For  
 Not Applicable

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

Zip  
32819 Country  
USA Zip  
32819 Country  
USA

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MARIA DEL R. TORRES

Street Address (P.O. Box Number is Not Acceptable)  
6530 Moonshell Ct

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Maria del R. Torres DATE 5/29/03  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>P/S/D</u>	TITLE	
NAME	<u>RAFAEL BONILLA</u>	NAME	
STREET ADDRESS	<u>Ave. Apdo C-31 URB</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>GUAYNABO, P.R.</u>	CITY-ST-ZIP	
TITLE	<u>VITO</u>	TITLE	
NAME	<u>MARIA DEL ROCIO TORRES</u>	NAME	
STREET ADDRESS	<u>6530 Moonshell Ct</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Orlando, Fl. 32819</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria del R. Torres DATE 5/29/03 DAYTIME PHONE # 407-445-5194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)