


**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 # <u>V08402</u>	
1. Entity Name <u>DIMENSIONS TOURS, INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6530 Moonshell Ct</u>	3. Mailing Address <u>6530 Moonshell Ct</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Orlando, Florida</u>	City & State <u>Orlando, Florida</u>	4. FEI Number <u>59-3104346</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <u>32819</u>	Country <u>USA</u>	Zip <u>32819</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>MARIA DEL R. TORRES</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6530 Moonshell Ct</u>	
City <u>Orlando</u>	FL Zip Code <u>32819</u>

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 date 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

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