

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90374 047 ***150.00

DOCUMENT # V09635

1. Entity Name
AIR TRAVEL & TOURS SERVICES, INC.

Principal Place of Business
 2508 W. VINE ST
 POINCIANA PLAZA
 KISSIMMEE FL 34741
 US

Mailing Address
 2508 W. VINE ST
 KISSIMMEE FL 34741
 US

2. Principal Place of Business
 3501 W. VINE ST
 Suite, Apt. #, etc.
 120

3. Mailing Address
 3501 W. VINE ST
 Suite, Apt. #, etc.
 120

City & State
 KISSIMMEE FL
Zip
 34741
Country
 USA

City & State
 KISSIMMEE FL
Zip
 34741
Country
 USA

4. FEI Number 59-3106721

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCO TANTALEAN
 1513 TANGELO CIR
 KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name FREDESUVINDA VILLEGAS
Street Address (P.O. Box Number is Not Acceptable)
 616 SUMMIT CT
City KISSIMMEE **FL** **Zip Code** 34741

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 *Fredeuvinda Villegas*

(NOTE: Registered Agent signature required when reinstating)

4/30/2002
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TANTALEAN, LUZ E.	
STREET ADDRESS	1513 TANGELO CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLEGAS, FREDESUVINDA	
STREET ADDRESS	27 SOUTHWEST 7TH ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TANTALEAN, FRANCO	
STREET ADDRESS	1513 TANGELO CIR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 empowerment.

SIGNATURE: *Fredeuvinda Villegas*
 SIGNATURE AND PRINTED OR LIMITED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 **407-985-0013**
 Date Daytime Phone #

CR2E034 (9/01)