

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90014 006 ***150.00

0202878 AV

DOCUMENT # V25854

1. Entity Name
NEW PORT TOURS INC.

Principal Place of Business
150 SE 2ND AVENUE
SUITE 1108
MIAMI FL 33131
US

Mailing Address
150 S.E. 2ND AVE.
SUITE 1010
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0322577**

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

7. Name and Address of New Registered Agent

HALAS, GYORGE
150 SE 2ND AVENUE
SUITE 1108
MIAMI FL 33131

Name **GEORGE HALAS JR**
 Street Address (P.O. Box Number is Not Acceptable)
17094 COLLINS AVE #A204
 City **NORTH MIAMI BEACH** **FL** Zip Code **33160**

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 **01/16/02**
 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, 2002-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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **HALAS, GYORGE**
 STREET ADDRESS **5880 COLLINS AVE. # 603**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **P/S/T** ☒ Change ☐ Addition
 NAME **GEORGE HALAS JR**
 STREET ADDRESS **17094 COLLINS AVE, #A204**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FLORIDA 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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: **01/16/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)