

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
 04-12-2000 90044 019 ***150.00

DOCUMENT # V34612

1. Entity Name

GOLD-TOURS, INC.

Principal Place of Business

**4630 S KIRKMAN RD
 STE 347
 ORLANDO FL 32819
 US**

Mailing Address

**3844 WINDHOVER DR
 ORLANDO FL 32819
 US**

2. Principal Place of Business

5844 WINDOVER DR
 Suite, Apt. #, etc.

3. Mailing Address

5844 WINDOVER DR
 Suite, Apt. #, etc.

City & State

ORLANDO Florida

City & State

ORLANDO Florida

4. FEI Number

59-3124342

Applied For

Not Applicable

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAMOS, DAISY M
 4630 S KIRKMAN RD
 STE 347
 ORLANDO FL 32816**

7. Name and Address of New Registered Agent

Name

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

5844 WINDOVER DR

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.

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 \$150.00
 After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMOS, DAISY M.	
STREET ADDRESS	4630 S KIRKMAN RD STE 347	
CITY-ST-ZIP	ORLANDO FL 32816	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERREIRA, CRISTIANE G	
STREET ADDRESS	5844 WINDHOVER DR	
CITY-ST-ZIP	ORLANDO FL 32819	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5844 WINDOVER DR	
CITY-ST-ZIP	ORLANDO FL 32819	
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 empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

407-852-1906

Daytime Phone #

CR2E034 (9/99)