

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90074 001 ***150.00

DOCUMENT # V70299

1. Entity Name

J.N. TOUR OPERATOR, INC.

Principal Place of Business

Mailing Address

5271 IMAGES CIRCLE
SUITE #304
KISSIMMEE FL 34746
US

5271 IMAGES CIRCLE
SUITE #304
KISSIMMEE FL 32819-8398
US

2. Principal Place of Business

7061 GRAND NATIONAL DR.

3. Mailing Address

7061 GRAND NATIONAL DR.

Suite, Apt. #, etc.

SUITE 109

Suite, Apt. #, etc.

SUITE 109

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

USA

Zip

32819

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0361446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NETO, JOSE MUANIS
5271 IMAGES CIRCLE
SUITE #304
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name **NETO, JOSE MUANIS**

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

7061 GRAND NATIONAL DR., SUITE 109

City **ORLANDO**

FL

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 **PD** ☐ Delete
NAME **NETO, JOSE MUANIS**
STREET ADDRESS **5271 IMAGES CIR #304**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **SD** ☒ Delete
NAME **ASSUNCAO, JANISE D**
STREET ADDRESS **5271 IMAGES CIR #304**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VD** ☐ Delete
NAME **NETO, JAMIL M**
STREET ADDRESS **5271 IMAGES CIR #304**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD - SD** ☒ Change ☐ Addition
NAME **NETO, JOSE MUANIS**
STREET ADDRESS **7061 GRAND NATIONAL DR., SUITE 109**
CITY-ST-ZIP **ORLANDO, FL - 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME **NETO, JAMIL M.**
STREET ADDRESS **7061 GRAND NATIONAL DR., SUITE 109**
CITY-ST-ZIP **ORLANDO, FL - 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

04/10/00 (407) 345-8699

CR2E034 (9/99)