

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006831

1. Entity Name

GLOBAL TOURING TECHNOLOGIES, LLC

Principal Place of Business

8846 S.W. 129TH TERRACE
MIAMI FL 33176

Mailing Address

8846 S.W. 129TH TERRACE
MIAMI FL 33176-5931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

FILED

00 JAN 28 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRISSEL, MICHAEL
12515 S.W. 88TH STREET, STE #316
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒
MEMBER - MANAGING
FRANK, MICHAEL S.
8846 S.W. 129TH TER.
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐
200003121112--C
02/02/00--01082--007
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

MICHAEL S. FRANK

1/25/00

786 242 6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Day

Daytime Phone #