

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90063 029 ****50.00

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**

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

65-0960952

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRISSSEL, MICHAEL
12515 S.W. 88TH STREET, STE #316
MIAMI FL 33186**Name **MICHAEL S. FRANK**

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

9006 SW 137th Street #C

City

MIAMI**FL**

Zip Code

33176

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 fee if applicable.

MICHAEL S. FRANK

(NOTE: Registered Agent signature required when reinstating)

3/11/02

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRANK, MICHAEL S
8846 S.W. 129TH TERRACE
MIAMI FL 33176** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/11/02

Date

Daytime Phone #

766-242-6800

CR2E083 (9/01)

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