

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

05-19-2002 90194 045 ***150.00
 09-11-2002 90100 047 ***550.00

DOCUMENT # P01000073129

1. Entity Name
TOURPASS, INC.

Principal Place of Business

**201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134**

Mailing Address

**201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1451 W CYPRESS CREEK RD

Suite, Apt. #, etc.
SUITE 300

City & State
FT LAUDERDALE FL

Zip
33309

Country
USA

3. Mailing Address

1451 W CYPRESS CREEK RD

Suite, Apt. #, etc.
SUITE 300

City & State
FT LAUDERDALE FL

Zip
33309

Country
USA

4. FEI Number

65-1126619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAPPORT, STEPHEN R
 201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

DOMENICO D'ALFONSO

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

1451 W CYPRESS CREEK ROAD

SUITE 300

City
FT LAUDERDALE

FL

Zip Code
33309

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
D'ALFONSO, DOMENICO
 STREET ADDRESS
201 ALHAMBRA CIRCLE SUITE 711
 CITY-ST-ZIP
CORAL GABLES FL 33134

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
DOMENICO D'ALFONSO
 STREET ADDRESS
1451 W CYPRESS CREEK ROAD #300
 CITY-ST-ZIP
FT LAUDERDALE FL 33309

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 OF DOMENICO D'ALFONSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/02 (561) 866 0227

Date Daytime Phone #

CR2E034 (4/02)