

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 012 ***150.00

10090489

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000073129

1. Entity Name
TOURPASS, INC.

Principal Place of Business
1451 W CYPRESS CREEK RD
SUITE 300
FORT LAUDERDALE, FL 33309

Mailing Address
1451 W CYPRESS CREEK RD
SUITE 300
FORT LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
85-1126619

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

D'ALFONSO, DOMENICO
1451 W CYPRESS CREEK RD
SUITE 300
FORT LAUDERDALE, FL 33309

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

SIGNATURE

(NOTE: Registered Agent's signature required when changing)

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

FILE NOW! (FEE IS \$180.00)
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS

10. ☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
D'ALFONSO, DOMENICO
1451 W CYPRESS CREEK RD #300
FORT LAUDERDALE, FL 33309

11. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 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

04/22/03

CR2034 (10/02)