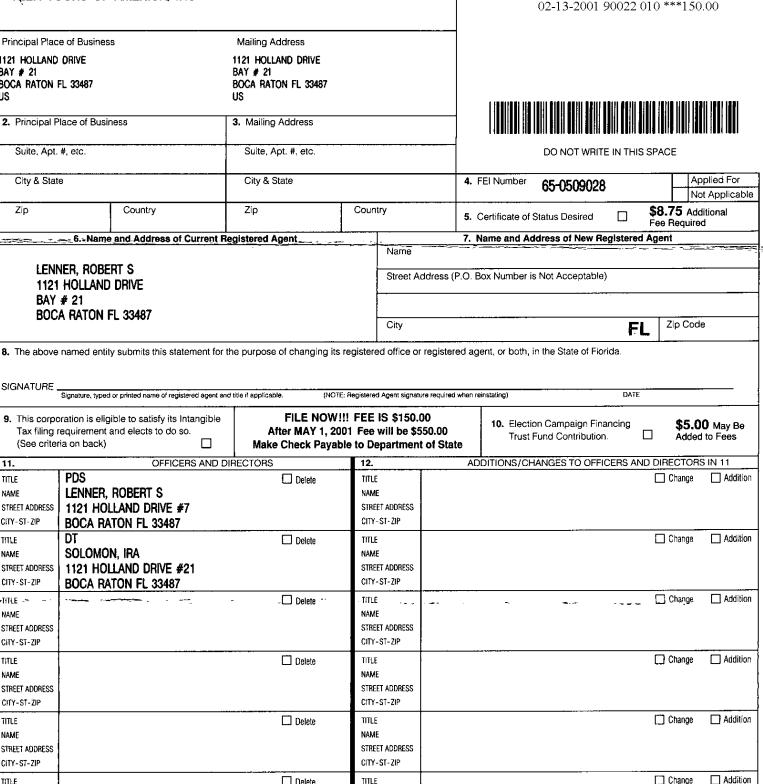
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000049277** TEEN-TOURS OF AMERICA, INC. Principal Place of Business Mailing Address 1121 HOLLAND DRIVE 1121 HOLLAND DRIVE **BAY # 21** BAY # 21 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country 6.-Name and Address of Current Registered Agent Name LENNER, ROBERT S

FILED Feb 13, 2001 8:00 am Secretary of State

02-13-2001 90022 010 ***150.00



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 accordate 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 11st of supplemental 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 will like empowered.

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

☐ Delete

☐ Delete

Delete -

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

1121 HOLLAND DRIVE

BOCA RATON FL 33487

9. This corporation is eligible to satisfy its Intangible

LENNER, ROBERT S

SOLOMON, IRA

1121 HOLLAND DRIVE #7

1121 HOLLAND DRIVE #21

BOCA RATON FL 33487

BOCA RATON FL 33487

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

BAY #21

(See criteria on back)

PDS

SIGNATURE

11.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE =

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COBERT LENNER 2