2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am Secretary of State DOCUMENT # P99000109313 1. Entity Nathe 05-17-2001 91348 020 ***150.00 GRAND TOURING TECHNOLOGIES, INC. Principal Place of Business Mailing Address 17**3**0 Vestal Way 1730 VESTAL WAY CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 8721 Estate Dr 8721 Estate Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE West Palm Beach Applied For 4. FEI Number APPETED FOR 05/00/315 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINSTEIN, NEIL Street Address (P.O. Box Number is Not Acceptable) 1730 VESTAL WAY **CORAL SPRINGS FL 33071** 8. The above named entity subrifits 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) **□** Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME CHERYL FEINSTEIN FEINSTEIN, MARC STREET ADDRESS 8721 Estate Dr STREET ADDRESS 1730 VESTAL WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 3307.1 ☐ Addition ☐ Delete TITLE TITLE VΡ NAME NAME FEINSTEIN. NEIL STREET ADDRESS STREET ADDRESS 1730 VESTAL WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change — ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition