

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90064 021 ***150.00

DOCUMENT # P99000003043

1. Entity Name
GLOBAL INFORMATION SERVICES, INC.

Principal Place of Business 3859 MCFARLANE DR. TALLAHASSEE FL 32303	Mailing Address 3859 MCFARLANE DR. TALLAHASSEE FL 32303-2187
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2. Principal Place of Business 1241 W THARPE STREET	3. Mailing Address P.O. BOX 4107
(Suite) Apt. #, etc. C-21	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 59-3553251	Applied For <input type="checkbox"/> Not Applicable
Zip 32303	Country U.S	Zip 32315	Country U.S
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAUDHRY, ZAHID H 909 E PARK AVE TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name BEHZAD SHAH Street Address (P.O. Box Number is Not Acceptable) 3859 MCFARLANE DR City TALLAHASSEE FL Zip Code 32303
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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 *Behzad Shah* (**BEHZAD SHAH**) DATE 04/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible. Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/SIT/M BEHZAD SHAH 3859 MCFARLANE DR TALLAHASSEE, FL-32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID EVA BRAUSQUIN 3859 MCFARLANE DR TALLAHASSEE, FL-32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Behzad Shah* (**BEHZAD SHAH**) DATE 04/20/00 Daytime Phone # 514-1395 (850) 847-2671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)