

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90043 003 ***150.00

DOCUMENT # 525803

1. Entity Name

GLOBAL DEFENSE PRODUCTS INC.

Principal Place of Business

Mailing Address

**38-01 23RD AVE
ASTORIA NY 11105
US**

**3801 23RD AVENUE
ASTORIA NY 11105-1903
US**

715548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2888522

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required -**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**XL CORPORATE SERVICES, INC.
101 EAST COLLEGE AVENUE
P. O. BOX 1752
TALLAHASSEE FL 32302**

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.

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 \$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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FASSOULIS, S.G.**
STREET ADDRESS **20 WATERSIDE PLAZA**
CITY-ST-ZIP **NY NY 10010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **THOMPSON, ROBERT C**
STREET ADDRESS **110 E 23RD ST**
CITY-ST-ZIP **NY NY 10010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SEFERIAN, DINO A.**
STREET ADDRESS **3 AVDA. DE MOLINA**
CITY-ST-ZIP **MADRID SPAIN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KANE, MICHAEL**
STREET ADDRESS **84-09 35TH AVE**
CITY-ST-ZIP **JACKSON HEIGHTS NY 11372**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CHLADEK, JAMES**
STREET ADDRESS **20 WATERSIDE PLAZA**
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)