

DOCUMENT # F99000003518

1. Entity Name

GLOBAL CONSULTANTS DIRECT INC.

FILED
May 18, 2000 8:00 am
Secretary of State

03-01-2000 90063 029 ***150.00

Principal Place of Business

Mailing Address

350 MOTOR PARKWAY, STE 206
HAUPPAUGE NY350 MOTOR PARKWAY, STE 206
HAUPPAUGE NY 11788-5123

2. Principal Place of Business

3. Mailing Address

350 Motor Parkway

350 Motor Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

Hauppauge N.Y.

Hauppauge N.Y.

Zip

Zip

Country

Country

11788

11788

U.S.A.

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3469245

Applied For

Not Applicable

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 4435 OLD WINTER GARDEN ROAD
 ORLANDO FL 32802

Name

John Lack

Street Address (P.O. Box Number is Not Acceptable)

800 W. Cypress Creek Road Ste 501

John Lack

City

Fort Lauderdale

FL

Zip Code

33309

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

John Lack John Lack

4/6/00

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 ☒ Delete
 NAME ALVARO, WILLIAM G
 STREET ADDRESS 19 EUGENE ST.
 CITY-ST-ZIP MELVILLE NY

TITLE ☒ Change ☐ Addition
 NAME CEO
 STREET ADDRESS Alvaro, William G
 CITY-ST-ZIP 290 Holbrook Road
 Ronkontoma N.Y. 11779

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/00

CR2E034 (9/99)