

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003518

1. Entity Name

GLOBAL CONSULTANTS DIRECT INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90061 033 ***150.00

Principal Place of Business

350 MOTOR PARKWAY, STE 206
HAUPPAUGE NY

Mailing Address

350 MOTOR PARKWAY, STE 206
HAUPPAUGE NY

2. Principal Place of Business

350 Motor Parkway

Suite, Apt. #, etc.

Suite 210

3. Mailing Address

350 Motor Pkwy

Suite, Apt. #, etc.

Suite 210

City & State

Hauppauge N.Y

City & State

Hauppauge NY

Zip

11788

Country

USA

Zip

11788

Country

USA

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

LACK, JOHN
800 W CYPRESS CREEK RD STE 501
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name

John Lack

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

800 W Cypress Creek Rd
Ste 501

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

1/15/01

(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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ALVARO, WILLIAM G 19 EUGENE ST. MELVILLE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ALVARO, WILLIAM G 290 HOLBROOK ROAD BONKONKOMA NY 11779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

Date

631-451-2007

Daytime Phone #

CR2E034 (10/00)