

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001536

Entity Name

GLOBAL VISUAL CONFERENCING SYSTEMS, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90057 040 ***150.00

Principal Place of Business

2500 N. FEDERAL HWY STE 100
FT LAUDERDALE FL 33305

Mailing Address

2500 N. FEDERAL HWY STE 100
FT LAUDERDALE FL 33305

2. Principal Place of Business

2500 N Federal Hwy STE 100

Suite, Apt. #, etc.

STE 100

City & State

Ft. Lauderdale FL

Zip

33305

Country

USA

3. Mailing Address

2500 N Federal Hwy STE 100

Suite, Apt. #, etc.

STE 100

City & State

Ft. Lauderdale FL

Zip

33305

Country

USA

4. FEI Number

94-3344722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIDANIAN, ALEK

2500 N. FEDERAL HWY STE 100
FT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

FIDANIAN, ALEK

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

2500 N Federal Hwy STE 100

City

Ft. Lauderdale

FL

Zip Code

33305

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

3/6/00

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Alek Fidanian	
STREET ADDRESS	2500 N. Federal Hwy, #100	
CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Alek Fidanian

Date

5/18/00

Daytime Phone #

957-561-1544

CR2E034 (9/99)