## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 31, 2002 8:00 am Secretary of State **DOCUMENT #** P00000001536 1. Entity Name 07-31-2002 90105 047 \*\*\*150.00 GLOBAL VISUAL CONFERENCING SYSTEMS, INC. Principal Place of Business Mailing Address 1515 S. FEDERAL HWY 1515 S. FEDERAL HWY **BOCA RATON FL 33432 BOCA RATON FL 33432** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-3344722 Not Applicable Country \_Country\_\_ \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIDANIAN, ALEK Street Address (P.O. Box Number is Not Acceptable) 1515 S. FEDERAL HWY SUITE B-3 BOC≨®RATON FL 33432 City 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. I am familiar with, and accept the igations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FIDANIAN, ALEX NAME NAME STREET ADDRESS 1515 S. FEDERAL HWY STE B-3 STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP : CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with the indicated on this report or supplemental report is the of the corporation or the receiver or trusted empowers changed, or on an attachment with an address, with ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if er like empowered. SIGNATURE:

CITY-ST-ZIP

CMY-ST-2P

4 44-2640

FILED

Attachment

July 17, 2002

P00000000 1536

Global Visual Conferencing Systems, Inc. 1515 S. Federal Highway, Suite B-3 Boca Raton, FL 33432

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report

## Gentlemen:

Please be advised that we never received the original of this report.

Since we did not receive the original report form, we are enclosing the original fee of \$150. We ask that you accept this fee and remove the late filing penalty from our account.

Your positive response to this request will be appreciated.

Authorized Signature