

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90117 034 ***150.00

0096057

DOCUMENT # P00000005573

1. Entity Name
GLOBAL DVD, INC.

Principal Place of Business
**16255 N.W. 64TH AVE.APT.341
MIAMI FL 33014**

Mailing Address
**16255 N.W. 64TH AVE.APT.341
MIAMI FL 33014**

007317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3900 NW 79th AV

3. Mailing Address
3900 NW 79th AV

Suite, Apt. #, etc.
219

Suite, Apt. #, etc.
219

City & State
MIAMI

City & State
MIAMI

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number
52-2210934

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NILSSON, JAN-OLOF
16255 N.W. 64TH AVE.APT.341
MIAMI FL 33014**

7. Name and Address of New Registered Agent

Name
JAN-OLOF NILSSON

Street Address (P.O. Box Number is Not Acceptable)
1500 Bay Road

Apt #
1168

City
MIAMI Beach

FL
FL

Zip Code
33139

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 **Jan Olof Nilsson** **01/12/01**

(NOTE: Registered Agent signature required when reinstating)

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	D NILSSON, JAN-OLOF 16255 N.W. 64TH AVE.APT.341 MIAMI FL 33014	<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
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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	President. NILSSON, JAN-OLOF 1500 Bay Road Apt # 1168 MIAMI Beach, FL 33139	<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
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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)(l), 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: **Jan Olof Nilsson** **01/12/01** **(305) 592 8506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)