

2001 UNIFORM BUSINESS REPORT (UBR)

5/5/0

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-05-2001 90819 047 ***150.00

DOCUMENT # P00000052724

1. Entity Name
GLOBAL INTERACTIVE GAMERS ALLIANCE, INC.

Principal Place of Business
1520 GULF BOULEVARD, #805
CLEARWATER FL 33767

Mailing Address
1520 GULF BOULEVARD, #805
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#1507

Suite, Apt. #, etc.

#1507

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

BLENNER, WALTER W
GLENN, BERG & BLENNER
2708 ALT. 19 NORTH, SUITE 701
PALM HARBOR FL 34683

Name Richard Nader
Street Address (P.O. Box Number is Not Acceptable) 1520 Gulf Blvd #1507
Clearwater Florida
City FL Zip Code 33767

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 Susan Deborah Moss Nader 4-22-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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	PD	<input type="checkbox"/> Delete
NAME	NADER, RICHARD	
STREET ADDRESS	319 CRABAPPLE ROAD	
CITY-ST-ZIP	MANHASSETT NY 11020	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOSS, SUSAN DEBORAH	
STREET ADDRESS	1520 GULF BOULEVARD, #805	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAIMES, IAN SAUL	
STREET ADDRESS	1914 COVE LANE	
CITY-ST-ZIP	CLEARWATER FL 33764	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD NADER	
STREET ADDRESS	1520 GULF BLVD #1507	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN DEBORAH MOSS NADER	
STREET ADDRESS	1520 GULF BLVD #1507	
CITY-ST-ZIP	CLEARWATER FL	
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
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: Susan Deborah Moss Nader 4-22-01 727 5951700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (10/00)