

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2001/02

FILED

02 SEP -9 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700000062214

1. Entity Name

Global Communications & Membership
Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 Seabreeze Blvd

Suite, Apt. #, etc.

Unit # 302

City & State

Fort Lauderdale, FL

Zip
33316

Country

USA

3. Mailing Address

6466 NW 5th Way

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

4. FEI Number

65-1023288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

900007674019--1

-09/12/02--01005--006

****300.00 ****300.00

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DARYL Tirico

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

515 Seabreeze Blvd. Unit 302

City

Fort Lauderdale

FL

Zip Code

33316

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.

DARYL Tirico

8/30/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
DARYL Tirico
STREET ADDRESS
515 Seabreeze Blvd. Unit # 302
CITY - ST - ZIP
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARYL Tirico, Pres. 8/30/02

Date

Daytime Phone #

(954) 776-1444

CR2E034B (12/01)

8/31/02