

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90107 001 *****8.75

03-26-2001 90107 002 ***150.00

DOCUMENT # P00000076382

1. Entity Name

GLOBAL STAIR SYSTEMS, INC.

Principal Place of Business

2119 PARK CENTRAL BLVD NORTH
POMPANO BEACH FL 33064

Mailing Address

2119 PARK CENTRAL BLVD NORTH
POMPANO BEACH FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied for

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

MORICI, ALFRED G

5489 OKEECHOBEE BLVD SUITE 201
WEST PALM BEACH FL 33417

Nar.

BDB Agent Co.

Street A

2600 N. Military Trail #480

Boca Raton,

FL

Zip Code 33431

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

Rana M. Gorgek, Assistant Secretary
BDB Agent Co.

2-27-01

Signature, typed or printed name of registered agent and fee not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
NAME Alfonso J. Cheponis III ☐ Delete
STREET ADDRESS 2119 Park Central Blvd N.
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE Director, Pres, Sec, Treasurer
NAME Mindy DiScala Cheponis ☐ Delete
STREET ADDRESS 2119 Park Central Blvd N.
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1/18/01 954-7879

CR2E034 (10/00)