

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089844

1. Entity Name
GLOBAL SECURITIES ADVISORY CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90118 025 ***150.00

Principal Place of Business

8400 SW 155TH TERR
MIAMI FL 33157

Mailing Address

8400 SW 155TH TERR
MIAMI FL 33157

2. Principal Place of Business

150 SE 2nd Av.

3. Mailing Address

150 SE 2nd Av

Suite, Apt. #, etc.

Suite 1009

Suite, Apt. #, etc.

Suite 1009

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1042379

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

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

HERNANDEZ, CESAR G
8400 SW 155TH TERR
MIAMI FL 33157

Name

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

City

FL

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.

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
Tax filing requirement and elects to do so.
(See criteria on back)

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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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HERNANDEZ, CESAR G
8400 SW 155TH TERR
MIAMI FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

January 26, 01

Date

305-373-3326

Daytime Phone #

CR2E034 (10/00)