

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90041 012 ***150.00

DOCUMENT # P00000104216

1. Entity Name
GLOBAL SYSTEMS, CORP.

Principal Place of Business

~~4550 NW 9TH ST
 APT 704
 MIAMI FL 33126~~

Mailing Address

~~4550 NW 9TH ST
 APT 704
 MIAMI FL 33126~~

B0050039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7225 NW 25 ST

3. Mailing Address

7225 NW 25 ST

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-1053651

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

**CLAVIJO, LUIS
 4550 NW 9TH ST
 APT 704
 MIAMI FL 33126**

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) ☐

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 ☐ Delete
PD
 NAME **CLAVIJO, LUIS A**
 STREET ADDRESS **4550 NW 9TH ST. APT 704**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete
SD
 NAME **COLUNGE, JOHN**
 STREET ADDRESS **4550 NW 9TH ST. APT 704**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)