## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2002 8:00 am Secretary of State P01000050245 **DOCUMENT#** 01-28-2002 90008 027 \*\*\*150.00 GLOBAL TECHNOLOGY SYSTEMS, INC. Principal Place of Business Mailing Address 2300 GLADES ROAD STE 440W 2300 GLADES ROAD STE 440W **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 01-0649737 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSETTO, BRUCE C Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD STE 440W **BOCA RATON FL 33431** City Zip Code FL g. 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 DATE 9. This corporation is eligible to satisfy its Intangible FILE NOWIII FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 --Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)X Addition TITLE Change TITLE Delete NAME NAME Frank Micali CR2E034 STREET ADDRESS STREET ADDRESS Ocean Avienue CITY-ST-ZIP CITY-ST-ZIP Booa Ration, FL 33436 ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CO : -ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE TITLE ☐ Change Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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 of trues of my ownered 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 of the receiver of the same of the sam

Brice C. Rosetto

SIGNATURE

01/11/02

561-394-3511

FILED