

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-17-2003 90289 033 ***150.00

DOCUMENT # P01000081450

1. Entity Name
GLOBAL SERVICE INTEGRATION PARTNERS, INC.



Principal Place of Business
**1421 N.W. 132ND AVENUE
PEMBROKE PINES FL 33028**

Mailing Address
**1421 N.W. 132ND AVENUE
PEMBROKE PINES FL 33028**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1135132**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**REID, MELLON
1851 NW 125 AVE STE 440
PEMBROKE PINES FL 33028**

Name
ELIZABETH GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
1421 NW 132 AVE

City **PEMBROKE PINES** FL Zip Code **33028**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth Gonzales* **2/13/2003**
Signature Typed or Printed Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, FREDDY 1421 N.W. 132ND AVENUE PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Freddy Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/24/2003** Daytime Phone # **954-442-8306**

CR2E034 (10/02)