

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115955

1. Entity Name

GLOBAL CARD SYSTEMS, INC.

Principal Place of Business

2655 LEJEUNE ROAD PH II
CORAL GABLES FL 33134

Mailing Address

2655 LEJEUNE ROAD PH II
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2655 LEJEUNE RD, P.A.

2655 LEJEUNE RD, PH-2

CORAL GABLES, FL

33134

U.S.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN O. SUTTON, P.A.
2655 LEJEUNE ROAD PH II
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAITAN, FRANCISCO 16451 BLATT BLVD NO. 204 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALMAU, FERNANDO 464 ALEXANDRA CIRCLE WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTERO, ALFREDO 464 ALEXANDRA CIRCLE WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, JOSE 464 ALEXANDRA CIRCLE WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREW, WILLIAM 260 COMMODORE DRIVE NO. 1223 PLANTATION FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-22-2002 90157 045 ***150.00

40301



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

(305) 448 1245

7-17-2002

Attachment

LAW OFFICES
JAMERSON SUTTON & SURLAS LLP

PENTHOUSE II • GABLES INTERNATIONAL PLAZA

2855 LE JEUNE ROAD

CORAL GABLES, FLORIDA 33134

JOHN O. SUTTON, P.A.

#PO1000115755
[Redacted]

TELEPHONE (305) 448-1295

FACSIMILE (305) 448-5236

E-MAIL jospalawfirm@cs.com

40301

July 17, 2002

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, FL 32302-1500

Re: Global Card Systems, Inc

Gentlemen:

Enclosed herewith please find a check in the sum of \$150.00 representing payment of the above-styled corporation as though it was timely made. I am also enclosing a copy of the annual corporate report as it was addressed. We did not receive the corporate annual report until approximately 3 days ago. If this correspondence was addressed to me, as resident agent, it would have been dealt with immediately. I hope and trust because of the error on the address that you would accept the enclosed payment.

Thank you for your cooperation in this matter.

Very truly yours,

John O. Sutton / msj
John O. Sutton

JOS/ma
cc: Fernando Dalmau