

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046945

1. Entity Name

GLOBAL PASSPORT & VISA SERVICE, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90032 002 ***150.00

Principal Place of Business

Mailing Address

2601 S. BAYSHORE DR.
STE. 1404 2050
MIAMI FL 33133

2601 S. BAYSHORE DR.
STE. 1404 2050
MIAMI FL 33133-5417

2. Principal Place of Business

3. Mailing Address

2601 S. BAYSHORE DR
Suite, Apt. #, etc.
2050

2601 S. BAYSHORE DR
Suite, Apt. #, etc.
2050

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33133 Country

Zip
33133 Country

4. FEI Number 65-0420938

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

EPSTEIN, MENASHE
1855 DISCOVERY DR
DEERFIELD BEACH FL 33442

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

7828 EXETER BLVD, EAST
TAMARAC FL 33321

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]*
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, 2000 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 P
NAME EPSTEIN, MENASHE ☒ Delete
STREET ADDRESS 1855 DISCOVERY DR
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE P
NAME SHIRLEY EPSTEIN ☒ Change ☒ Addition
STREET ADDRESS 7828 EXETER BLVD, EAST
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)