

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90011 019 ***150.00

DOCUMENT # P93000046945

1. Entity Name
GLOBAL PASSPORT & VISA SERVICES, INC.

Principal Place of Business

2601 S. BAYSHORE DR.
~~2050~~ **225**
MIAMI FL 33133

Mailing Address

2601 S. BAYSHORE DR.
~~2050~~ **225**
MIAMI FL 33133



2. Principal Place of Business

2601 S. Bayshore Dr
 Suite, Apt. #, etc. **225**

3. Mailing Address

2601 S. Bayshore Dr
 Suite, Apt. #, etc. **225**

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number **65-0420938**

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EPSTEIN, MENASHE
7828 EXETER BLVD EAST
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name **Shirley Epstein % Global Passport**
 Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Dr. Suite 225
 City **MIAMI** **FL** Zip Code **33133**

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

3/1/02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **EPSTEIN, SHIRLEY**
 STREET ADDRESS **7828 EXETER BLVD EAST**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 305-285-9255

Date

Daytime Phone #

CR2E034 (9/01)