

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036446

1. Entity Name

GLOBAL BAGGAGE PROTECTION SYSTEMS, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90104 001 \*\*\*150.00

03-08-2000 90104 002 \*\*\*\*\*8.75

Principal Place of Business	Mailing Address
3914 NW 25TH ST <del>STE. 4</del> MIAMI FL 33142 US	3914 NW 25TH ST <del>5TH FLOOR</del> MIAMI FL 33142-6722 US

2. Principal Place of Business <i>3914 NW 25th St</i>	3. Mailing Address <i>3914 NW 25th St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI Florida</i>	City & State <i>MIAMI Florida</i>
Zip <i>33142</i>	Country <i>Dade</i>

4. FEI Number <b>65-0666917</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
RAMOS, JORGE H 2250 SW 3RD AVE. 5TH FL. MIAMI FL 33129

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.

SIGNATURE \_\_\_\_\_ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VILLALON, RADAMES	
STREET ADDRESS	6701 SW 55 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, ENRIQUE A	
STREET ADDRESS	6400 SW 99 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MESTRE, PETER P	
STREET ADDRESS	5641 SW 59TH AVE	
CITY-ST-ZIP	S MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VILLALON, MINET	
STREET ADDRESS	6701 SW 55 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, ENRIQUE A	
STREET ADDRESS	8433 WOODMERE ST	
CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RADAMES VILLALON*

*3/06/00*

*308-870-9720*

Daytime Phone #

CR2E034 (9/99)