

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90234 007 ***158.75

DOCUMENT # P96000036446

1. Entity Name

GLOBAL BAGGAGE PROTECTION SYSTEMS, INC.

Principal Place of Business

**3914 NW 25TH ST
 MIAMI FL 33142
 US**

Mailing Address

**3914 NW 25TH ST
 MIAMI FL 33142
 US**

2. Principal Place of Business

4050 N.W. 29 ST.

3. Mailing Address

4050 N.W. 29 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33142

Country

USA.

Zip

33142

Country

USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0666917

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

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

VILLALON, RADAMES

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

4050 N.W. 29 ST.

City

MIAMI, FL.

FL

Zip Code

33142

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)

1/28/02
 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, 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	PD	<input type="checkbox"/> Delete
NAME	VILLALON, RADAMES	
STREET ADDRESS	6701 SW 55 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMOS, ENRIQUE A	
STREET ADDRESS	8433 WOODMERE ST	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MESTRE, PETER P	
STREET ADDRESS	5641 SW 59TH AVE	
CITY-ST-ZIP	S MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLALON, RADAMES	
STREET ADDRESS	7114 SW. 92 CT.	
CITY-ST-ZIP	MIAMI, FL 33142	
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		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (305) 870-9720
 Date Daytime Phone #

CR2E034 (9/01)