

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90160 002 ***150.00

DOCUMENT # P96000073317

1. Entity Name

GLOBAL ACADEMIC INTERACTIVE NETWORK, INC.

Principal Place of Business

**101 SW 63RD TERRACE STE 100
 PLANTATION FL 33317**

Mailing Address

**101 SW 63RD TERRACE STE 100
 PLANTATION FL 33317**

2. Principal Place of Business

506 S.E. 8 Street.

3. Mailing Address

P.O. Box 290763

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fla.

City & State

Davie, Fla.

4. FEI Number

59-3435507

Applied For

Not Applicable

Zip

33316

Country

USA.

Zip

33329

Country

USA.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BERNSTEIN, JOSEPH L
 506 SE 8 ST
 FT LAUDERDALE FL 33316**

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

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, 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** ☐ Delete
 NAME **PASTERNAK, CAROL**
 STREET ADDRESS **101 SW 63RD TERRACE STE 100**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D** ☒ Change ☐ Addition
 NAME **Pasternak, CAROL**
 STREET ADDRESS **P.O. Box 290763**
 CITY-ST-ZIP **Davie, Fla. 33329.**

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

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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:

Carol Pasternak, Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)