

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068382

1. Entity Name

GLOBAL DEPOSITORY SYSTEMS, INC.

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

06-08-2000 90010 030 \*\*\*150.00

Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD.  
UNIT 956  
MIAMI FL 33181

11111 BISCAYNE BLVD.  
UNIT 956  
MIAMI FL 33181-3404

2. Principal Place of Business

3. Mailing Address

11111 Biscayne Blvd

11111 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1058

#1058

City & State

City & State

miami, FL

miami, FL

Zip

Country

Zip

Country

33181

USA

33181

USA

4. FEI Number 65-0773261

Applied F

Not Appli

5. Certificate of Status Desired

Fee Required

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCH, KIRSTEN  
11111 BISCAYNE BLVD. #956  
MIAMI FL 33181

Name

Kirsten Fisch

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

11111 Biscayne Blvd

#1058

City

miami

FL

Zip Code

33181

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

Kirsten Fisch

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/00

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 i Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME FISCH, KIRSTEN  
STREET ADDRESS 11111 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #