

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068382

1. Entity Name
GLOBAL DEPOSITORY SYSTEMS, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90107 010 ***150.00

Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD.
1058
MIAMI FL 33181

11111 BISCAYNE BLVD.
1058
MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

15553 SW 16 ST
Suite, Apt. #, etc.

15553 SW 16 ST
Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number 65-0773261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISCH, KIRSTEN
11111 BISCAYNE BLVD. #1058
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name Fisch, Kirsten

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

15553 SW 16 Street

City Davie

FL

Zip Code

33324

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, President

2/26/01

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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	FISCH, KIRSTEN	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33131	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisch, Kirsten	
STREET ADDRESS	15553 SW 16 Street	
CITY-ST-ZIP	Davie, FL 33324	
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:

Kirsten Fisch, President

Date

Daytime Phone #

CR2E034 (10/00)