

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2/00-90027-002-\$158.75-\$158.75

DOCUMENT # P98000048114

1. Entity Name

GLOBAL TRANSFER SERVICES CORP.

FILED

00 MAR 29 PM 2:15

Principal Place of Business

2091 SW 1ST ST  
MIAMI FL 33135

Mailing Address

2091 SW 1ST ST  
MIAMI FL 33013-1860

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

5918 FILLMORE ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

Zip

33021

Country

FLORIDA

Zip

Country

4. FEI Number

65-0842583

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, GLADYS D  
2091 S.W. 1ST STREET  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name OLIVIA PARAJON

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

5918 FILLMORE ST

City HOLLYWOOD

FL

Zip Code 33021

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

*Olivia Parajon*

OLIVIA PARAJON

1-26-00

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, 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  
NAME GARCIA, GLADYS D  
STREET ADDRESS 2091 SW 1ST STREET  
CITY-ST-ZIP MIAMI FL 33135

TITLE VSD  
NAME OLIVAS, VALERIA  
STREET ADDRESS 2091 SW 1ST STREET  
CITY-ST-ZIP MIAMI FL 33135

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

TITLE  
NAME OLIVIA PARAJON  
STREET ADDRESS 5918 FILLMORE ST  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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)(f), 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:

*Valeria Olivas* REQUIRE VALERIA OLIVAS 1-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)